

Fayette Drug Court Program Process Evaluation

July 1, 1996-June 30, 1998

**TK Logan, Carl Leukefeld &
Katie Williams**

**Center on Drug and Alcohol Research
University of Kentucky
643 Maxwelton Court
Lexington, Kentucky**

606-257-8248

February 16, 1999

Index

	Page
List of Tables	3
List of Appendices	4
Executive Summary	5
Program Description and Background	12
Program Goals	14
Recruitment and Screening	17
Capacity	19
Treatment Programming	20
Treatment Modalities	24
Relapse Patterns	31
Client Monitoring	32
Program Components and Changes	33
Aftercare	33
Information Capabilities and Reporting	34
Program Decision Making	34
Funding	35
Evaluation	35
Major Problems Encountered	35
Program Strengths	35
Potential Program Changes	36
Advice to other Drug Courts	36
Staff Characteristics	37
Community Agencies	41
Client Characteristics	43
Case Studies	49
Perceptions	53
Judge	53
Staff	56
Client	58
Treatment Program	63
Defense Attorney	66
Jail	69
Probation & Parole	70
Police	71
Prosecutor	72
Conclusions	74
Appendices	78

List of Tables

	Page
Table 1. Key Components	12
Table 2. Program Goals and Measures	14
Table 3. Client Goals	17
Table 4. Treatment Modalities	26
Table 5. Summary of Client Contact with Program Components	31
Table 6. Staff Roles	37
Table 7. Tasks by Staff Position	38
Table 8. Advisory Board Members	40
Table 9. Community Linkages	41
Table 10. Clients Ever Admitted to the Drug Court Program by Year	43
Table 11. Client Characteristics	43
Table 12. Client Needs	47
Table 13. Summary of Program Exits	47
Table 14. First Cohort of Drug Court Clients	47
Table 15. Staff Perceptions of Importance of Program Components	57
Table 16. Reasons Clients Entered the Program	58
Table 17. Clients Perceptions about the Importance of Program Components	59
Table 18. Reasons Clients Remain in the Program	60
Table 19. Participating Treatment Facilities	63
Table 20. Defense Attorney Reasons Clients Enter the Drug Court Program	66
Table 21. Defense Attorney Reasons Clients Remain in the Drug Court Program	67
Table 22. Process Evaluation Interviews Summary	78

List of Appendices

Appendix A	Process Evaluation Methodology
Appendix B	Newspaper Articles
Appendix C	Drug Court Brochures
Appendix D	ASI Client Examples
Appendix E	Individualized Program Plan Examples
Appendix F	Client Calendar Examples
Appendix G	Monthly Report Examples
Appendix H	Quarterly Report Examples
Appendix I	Program Manuals
Appendix J	ASI Client Data Report

Executive Summary

The purpose of this report is to provide the results of a process evaluation of the Fayette Drug Court. This comprehensive process evaluation included a six hour interview with administrative personnel of the Drug Court program, one hour interviews with each of five Judges involved in the Drug Court program, surveys and face-to-face interviews with 22 randomly selected active clients and, surveys of: all Drug Court staff (n=7); 19 community treatment providers; 6 randomly selected defense attorneys; 4 prosecuting attorneys; 1 representative from the Probation & Parole office; 1 representative from the Fayette County Jail; and 2 police department representatives. In all, 69 different individuals representing 10 different agency perspectives provided information about the Fayette Drug Court program for this report. The data for this report is for the period from July 1, 1996 to June 30, 1998.

Overview of the Program. The motto for the Kentucky Drug Courts is “A chance...a change”. Kentucky’s Drug Courts are aligned with more than 200 Drug Courts across the United States. In 1997, Kentucky’s penal institutions housed 14,305 inmates at an average cost of \$14,067 each while approximately 45% of these inmates housed in Kentucky had drug and property charges. In addition, Drug Court programs operate at about 10% of the cost of incarceration. In response to the rising costs of incarceration and increased drug related arrests, the Fayette Drug Court was established July 1, 1996, and the first client entered the program on August 16, 1996. The Fayette Drug Court program was the first program established in the State of Kentucky by the Administrative Office of the Courts, and was the second Drug Court program established in the State. In addition, the Fayette Drug Court is a model Drug Court for the State of Kentucky and is one of eight Drug Courts in the nation that is deemed a National Community-Oriented Policing Services (COPS) Mentor Drug Court site.

The Fayette Drug Court program is grounded in the Key Components described in the 1997 publication *Defining Drug Courts: The Key Components*. More specifically, the Drug Court program is a court-managed drug intervention and treatment program designed to provide a cost-effective alternative to traditional criminal case processing. The mission of Kentucky’s Drug Courts is to create a criminal justice environment that stops illicit drug use and related criminal activity and promotes recovery. In the program model developed in Fayette County, defendants are accepted into the program through diversion recommendations made by the County Attorney and the Commonwealth’s Attorney, or by probation referrals made by the sentencing Judge. If an individual is in the diversion track and successfully completes the Drug Court program, the Drug Court Judge will set the client’s guilty plea aside and their charge may be expunged from their record. When individuals in the probation track successfully complete the program, the Drug Court Judge may conditionally discharge the remainder of their probationary time.

There are three phases in the Drug Court program which takes an average of one to two years to complete. Phase I can be completed in four to six weeks. Phase II can be completed in eight to ten months. Phase III can be completed in three to five months.

Graduation. The average time spent in the program before graduation is one to two years. Clients must successfully go through all three Phases in the program, must maintain a good attendance record at all treatment and court sessions, maintain court approved housing and employment, agree to mentoring, and have made a substantial amount of fee payment in order to graduate from the program. The clients must also have had negative urine drug tests for at least six months immediately prior to graduation.

Graduations occur quarterly each year. To date, 40 people have graduated from the Drug Court program.

Program Goal Achievement. The Fayette Drug Court program has six primary overall goals: promote abstinence; decrease recidivism; increase community safety; increase life skills; increase community awareness; and expand and maintain resource base. The following represents indicators of progress for each of the goals except community safety. Community safety is a long term goal of the program and has not yet been measured, however, it should be noted that linkages with the police and the supervision of participants contributes to community safety while clients are in the program.

Promote Abstinence—A total of 7 drug free babies have been born to Drug Court clients since the program inception. In the final three quarters of the second fiscal year: 6,228 urine screens were performed and only .06% were positive; 1,481 individual sessions; 372 group sessions; 54 family sessions; 27 closed NA sessions (Drug Court clients only) were held; 148 Drug Court sessions were held; and, 2,188 participant appearances were made at the Drug Court sessions.

Decrease Recidivism—A total of 40 participants have graduated since the program inception and as of June 30, 1998, no graduates have been re-arrested on felony charges. Also, in the final three quarters of the second year: only 21 participants were arrested for committing new offenses; 101 participants were promoted from Phase I to Phase II ; 54 participants were promoted from Phase II to Phase III; and 34 participants graduated from the program. In these final three quarters, 25 graduates were in the probation track and 9 graduates were in the diversion track.

Increase Life Skills—In the final three quarters of the second year: there were 74 vocational rehabilitation assessments conducted; 30 new GED referrals; 14 participants continued to attend either adult education classes or high school; 7 participants were enrolled in or attending vocational/technical school; 12 participants were enrolled in or attending college classes; and 3 participants received a GED. In addition, during the first quarter of the second year, 87 participants obtained or maintained employment; 89 participants obtained or maintained employment during the second quarter of the second year; and, during the third quarter of the second year, 80 participants obtained or maintained employment. Several participants maintained their visitation rights with their children in the Cabinet's custody and 1 participant regained the right to have overnight visitation with children from the Cabinet.

Community Awareness—Nine articles in the local newspaper specifically referring to the Fayette Drug Court have been published since the program inception. In addition, in the final quarterly report for the second year, one or more Fayette Drug Court staff attended: a Teen Court Summit; a meeting with Probation and Parole to discuss and promote the Drug Court concept; a planning meeting sponsored by Champions for a Drug Free Kentucky; a Leveraging and Coordination Task Force Meeting which is part of the Kentucky Initiative Project for Youth Prevention; a National Association of Drug Court Professionals (NADCP) training conference; the Substance Abuse Epidemiology Meeting; a meeting with U.S. Congressman Hal Rogers to promote the Drug Court concept and funding; a State Pretrial Services conference to represent the Fayette Drug Court program; and, facilitated a training workshop of Drug Court coordinators throughout the country.

Expanding and Maintaining Resource Base—Services used the final three quarters of the second year included: the Department for Vocational Rehabilitation; the Fayette County Health Department (AIDS Education/Prevention); Narcotics Anonymous/Alcoholics Anonymous; Ameri-Corp; the Mayor's

Training Center; the Lions Club; Consumer Counseling Credit Service; the Fayette County Adult Education Program; Operation Read; God's Pantry; the Carnegie Center for Adult Education; Black and Williams Center for Adult Education; Comprehensive Care's Drug and Alcohol Program; OWL job training program; Micro-City Governments Adult Services; Fayette County Detention Center Community Alternative Program; Dismas Charities; Salvation Army Way House; the HOPE Center; the Schwartz Center; BETA Treatment program; VOLTA Treatment program; Chrysalis House Residential Program for Women; the Shepherd's House for Men; Detox Center; Independence House Treatment Program; and, the Cabinet for Families and Children.

Drug Court Staff. The Drug Court program has 8 staff members. One staff member has 7 months experience with substance abuse treatment and there is one staff member with 12 years of experience in the substance abuse field. Also, one staff member has been with the Drug Court program for 7 months and three have been with the Drug Court program for 23 months. The average number of clients for each full time staff is approximately 30 and for part-time staff is 25. In Phase I, staff spend about 3 hours per week with each client; in Phase II staff spend about 2 hours per week with each client; and in Phase III clients spend about 30-60 minutes with staff per week. Also, staff are shared among other Kentucky Drug Courts when needed. In addition to the Drug Court staff, five educational/treatment group sessions are subcontracted through the Bluegrass Comprehensive Care Center, increasing educational/treatment groups facilitated by Comprehensive Care from two a week to five weekly.

Drug Court Judges. Currently, there are five Judges involved in the Fayette Drug Court program whose experience on the bench ranges from 1.5 years to 30 years. Judge Noble has worked with the Drug Court program for 23 months; Judge Isaac has been with the Drug Court program for 19 months; Judge Paisley has been with the Drug Court program for 17 months; Judge Ransdell has been with the Drug Court program for 9 months; and Judge Keller has been with the Drug Court program for 2 months. Judges are trained in the Drug Court program by going to a number of Drug Court conferences and symposiums. In 1995, the Judge Noble attended a State Justice Institute National Symposium on Implementation and Operation of Drug Courts. Judges who are involved with the Drug Court program have visited the Jefferson Drug Court to observe an existing Drug Court program and attended national Drug Court conferences and any other training that is available.

Treatment. A major focus of the Drug Court program is the treatment of individuals with substance abuse problems. Clients undergo an intensive year to two years of treatment groups and individual sessions with a case specialist. The emphasis on treatment is highlighted by the number and scope of the treatment groups which clients are required to attend and the emphasis on treatment provided by the participant's case specialist in the individual treatment sessions.

Drug Court Clients. Current clients are 67% African American and 31% white. Also, clients are an average age of 32 with ages ranging from 18-62 years old. Approximately 57% of the clients have children, 22% are married and 61% had never been married. Before entering Drug Court, 23% were employed full-time and 4% were employed part-time; after Drug Court program 74% were working full-time. The average years of drug use for clients was 10 years and approximately 60% of clients had been in prior treatment before entering the Drug Court program. Participants had an average of 4 prior charges and had spent an average of 13 months in jail/prison in their lifetime.

Out of the first group of Drug Court clients, 42% graduated and 44% exited the program before

graduation. The biggest differences, according to staff, Judges, and analysis of ASI data, between clients who graduated and clients who terminated from the Drug Court program included: age, time to serve, whether they have served any substantial amount of time in prison/jail previously, admission that they have an addiction problem, family support of addiction recovery, level of commitment, and intellectual and social functioning.

Outcome Evaluation. A further evaluation component of the Drug Court program is desired by program administration. The evaluation is currently being planned and proposes to collect data from each client for three different time periods: (1) Drug Court entry; (2) exit from the Drug Court; and, (3) 12 month follow-up. These data would provide information concerning selected areas including health, mental health, relationships, drug use, and employment status. The evaluations will be developed in cooperation with the Advisory Committee and will consist of analyzing all of the program assessment, entry, program monitoring, exit, and follow-up data for all of the clients who enter into the Drug Court program and preferably for a control group of participants for study comparison. In addition, official court data will be analyzed to examine recidivism rates as indicated by new charges within the designated follow-up period. The follow-up period will begin at one and two years.

Summary of Respondent Perceptions of the Fayette Drug Court Program. Across all respondents, it was agreed that at least half of the clients who enter the Drug Court program had been in treatment before entering the Drug Court program. There was also agreement as to some of the most important differences between previous treatment and the Drug Court program in facilitating successful program completion for clients was: (1) the alternative sanction they were facing if they did not complete; (2) sanctions they faced if they did not follow the rules; and (3) the Judges' supervision.

Also, most respondents indicated that clients find out about the Drug Court program most often through their attorney, a Judge, and through word of mouth. The main reasons cited for why clients enter the Drug Court program was to avoid jail time, or to get charges dropped or probation sentence shortened. A small percentage also enter to get help for their substance abuse problem.

Clients remain in the program for similar reasons as for entering, but respondents added that client self-esteem, the hope clients begin to develop for their future, the support network clients have while in the program, and the employment and education opportunities received are also reasons Drug Court clients remain in the program.

Answers varied when asked what other services respondents would like to see the Drug Court program offer. These included: (1) Adding more structure to an aftercare component of the program; (2) More family education, involvement, and participation; (3) Providing childcare for clients; (4) Providing transportation to clients who need it; (5) More emergency funds for clients in need; (6) To work with the Army Reserves as a potential opportunity for Drug Court graduates; (7) A statewide Management Information System; (8) Adding a spirituality component to the program; (9) Home visits for clients; (10) A residential/inpatient treatment facility for the detox phase for only Drug Court clients; (11) A half-way house with work release for Drug Court clients only; (12) Housing to get the clients out of their previous housing situation for the first 30 days and then a half-way house (especially for women with children); and, (13) More emphasis in the program on addressing women's issues.

A critical issue that was revealed for the Drug Court program across all respondents was that a

structured aftercare component would improve the program. All of the respondents indicated that clients would benefit and be involved in aftercare.

Respondents also agreed the most difficult aspects of the Drug Court program for clients were time management and completing all of the program requirements. Many of the clients have never held a job before entering the Drug Court program. After entering the Drug Court program, where full-time employment is required in addition to the many other program requirements (e.g., AA/NA, groups, individual sessions, drug testing, court sessions, journal entries, and book reports), it is very difficult for clients to complete all of the required program components. The other main difficulty for clients mentioned was serving jail time.

A major problem with the Fayette Drug Court program implementation mentioned by the majority of the respondents was the acceptance of the Drug Court approach by others. Education is key to overcoming this problem and the Fayette Drug Court is highly involved in public relation activities to promote the Drug Court concept. In addition, including key community members (e.g., the chief of police) in the beginning of program development and implementation made a big difference in bringing others in the community who were initially resistant to the idea of a Drug Court program.

Each participant was asked about their perceived strengths of the program as well as the things that they believed needed to change. The following are the most commonly mentioned strengths across respondents: (1) Urine screens; (2) Treatment; (3) Support and sense of community in the community; (4) The sense of self-worth clients gain; (5) Sanctions and strict adherence to the rules and serious consequences for breaking the rules; (6) The employment requirement; (7) Staff dedication and staff level of genuine concern for clients; (8) Role of the Judge/judicial supervision; (9) Program intensity and comprehensiveness; (10) Level of required responsibility for clients; and, (11) Intensive case management.

The following refer to the most commonly mentioned things respondents indicated could be improved about the Drug Court program: (1) Wider referral system and network with other community agencies; (2) A better computerized record keeping system; (3) A stronger aftercare component; (4) More family sessions and involvement; (5) More field work by case specialists; (6) Better communication between agencies; (7) Offering alternative times for court sessions; (8) More information about Drug Court given to agencies and more information communicated to clients about community treatment programs; (9) More space is needed for the program; and, (10) Extended program capacity to include more clients and to include juveniles.

Respondents were also asked what advice they would give to new Drug Court programs. Their responses included: (1) Fayette Drug Court has a program that is well developed and well run and is a good resource for a beginning program; (2) Give Drug Court a chance; (3) Staff are critical to the success of the program; (4) Make sure the Judge involved is understanding and defer to staff—it is critical that each Judge collaborate with staff; (5) Think out of the traditional court box; (6) Stick with the criteria for admissions and don't make exceptions to the program; (7) Make sure all key players are on board before beginning; (8) Do treatment in-house or closely monitor treatment quality; and (9) Be consistent with sanctions.

The following were concluding responses by various respondents. Although these are concluding comments, they also are excellent summaries of what respondents think about the Drug Court program.

One Judge said “I have seen people totally change their lives as a result of the Drug Court program and the change in lives is what makes all the difference in terms of success.”

Another Judge indicated that “Defendants are made aware that this court is going to be involved. Involved and responsive and responsible within reasonable bounds.”

Comments from clients included “Thank you; Drug Court has been the best thing that has ever happened to me, whether I agree with things or not;” “I thank Drug Court for making my life better;” “Excellent opportunity to change my life;” “Has been a blessing in my life;” “If it wasn’t for Drug Court, I would be in prison for a long time, and I would not get help for my problem;” “If you work the program it can really work for you.” “A true second chance;” “It is motivating to see what it is doing for others;” “They push hard but that is good;” “Provides chances that were unavailable previously;” “I wish this was available a long time ago;” “Gives people a lot of chances they didn’t have before...lets people know there is help.”

A representative from a treatment program indicated that “the Drug Court program is an extremely positive experience.” Another wrote “solid, consistent judgment in program director is essential and this program has it.”

Defense attorneys stated “The Drug Court in Fayette County is a much needed tool for rehabilitation.” “Fayette Drug Court can serve as a model of what can be accomplished when the effort is made to bring together all members of the criminal justice system and treatment community in a joint effort.” “Drug Court is a win win situation. Courts win, community wins, the justice system as a whole wins, most importantly, the individual wins.” And, “We need more people like the dedicated staff at the Fayette Drug Court serving in capacities that assist persons with drug problems.”

A probation and parole officer indicated “The main concern with the Drug Court program is with the clients after completing the program; it would appear that an extended period of infrequent aftercare or follow up would be in line. Also it is good that clients are required to act as mentors and work with the program afterwards as well as annually reporting to the court their status as to home, employment, use, arrest, etc... Excellent program.”

However, not all respondents were as positive about the Drug Court program. Representatives from the prosecutors office indicated that they believed that “...Drug Court is a valuable tool to assist those who are truly addicts and want help, but who have not progressed to the commission of crimes other than possession of a controlled substance or possession of drug paraphernalia.” However, they felt that it is now perceived that the responsibility for the commission of drug crimes does not lie with the individual but rather with the substance which this individual has abused. They “can’t help their behavior...it is the drugs’ fault.” “Because drug crimes seem to be viewed not as the fault of the criminal, but the fault of drugs, the criminal justice system is failing to demand consequences for criminal behavior. The message sent to defendants, and to the community is that crime does pay....The safety of the community and the

protection of the public should prohibit the trivialization of crimes. Excusing criminal conduct does just that. The message from our courts should be that people who violate our laws will suffer consequences.”

In summary, the Fayette Drug Court program was established approximately two years ago. This program is based on the *Key Components* and has three program phases which take an average client approximately 18 months to complete. There are currently 101 active clients. In addition, to date, the program has had 40 graduates, no graduates have been rearrested on felony charges, there have been 7 drug free babies born to clients in the program since the program inception, over 74% of the clients are maintaining full-time employment compared to approximately 23% who had full-time employment before entering the program, Drug Court staff attended 10 public relations events in one quarter of the program's second year, and the Drug Court program coordinates with approximately 30 other agencies. The majority of treatment is done in-house, which makes quality assurance easier to monitor.

The most compelling aspects of the Drug Court program are the immediate sanctions that clients are given when the program rules are violated. This aspect serves both as a motivator as well as promoting consequences for behavior. Another compelling aspect of the Drug Court program is the judicial involvement. This aspect of the program is particularly important for several reasons. One reason is that it shows the clients that someone cares about them on a regular basis. A second reason is that the Judge separates the punishment process from the support that the Drug Court staff give the clients. A third reason is that the relationship the client develops with the Judge can become a motivating force on its own. Clients seem to care about whether the Judge is proud of them or disappointed in them. The final most compelling aspect of the Drug Court program is the support network that develops for the clients, not only from the staff but from other clients as well. Clients become almost accountable to the group in that successes are shared and celebrated together and failures are also shared with each other. Further, when clients share successes and failures of others it becomes a learning tool for them as well.

Although the Fayette Drug Court program is new, it is a highly regarded program both nationally and locally. The program is recognized on both levels as a well functioning model program. The program has been implemented successfully, fits well into the local community, has served many eligible persons in the community, and has successfully met the goals of the program. The program also follows the principles from the *Key Components* closely on both a daily basis as well as in future planning. The feedback from each of the agencies and perspectives surveyed were overwhelmingly positive. The Fayette Drug Court program seems to be functioning by its motto "A chance...A change" and truly provides an opportunity to better individuals' lives as well as the community in which the program is grounded.

Program Description and Background

The motto for the Kentucky Drug Courts is “A chance...a change.” Kentucky’s Drug Courts are aligned with more than 200 Drug Courts across the United States. In 1997, Kentucky’s institutions housed 14,305 inmates at an average cost of \$14,067 per inmate¹ while approximately 45% of these inmates housed in Kentucky in 1997 had drug and property convictions.² In addition, Drug Courts cost about 10% of the cost of incarceration.³

The Fayette Drug Court program is grounded in the Key Components described in the 1997 publication *Defining Drug Courts: The Key Components*⁴. The overall mission of Drug Courts is to stop the abuse of alcohol and other drugs and related criminal activity. In exchange for successful completion of the treatment program, the court may dismiss the original charge, reduce or set aside a sentence, offer some lesser penalty, or offer a combination of these. Drug Courts transform the roles of both criminal justice practitioners and Alcohol and Other Drug (AOD) treatment providers. The Judge is the central figure in a team effort that focuses on sobriety and accountability as primary goals. To ensure the primary goals are met, the Drug Court Standards Committee developed some key components for all Drug Court programs. The key components as described in the 1997 *Defining Drug Courts: The Key Components*, are:

Table 1. Key Components

1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Drug Court responses to participants’ compliance.
7. Ongoing judicial interaction with each Drug Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gage effectiveness.
9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.

The Fayette Drug Court program was the first program established in the State of Kentucky by the Administrative Office of the Courts, and was the second Drug Court program established in the State. The Fayette Drug Court was established July 1, 1996 and the first client entered the program on August 16, 1996. The program was originally located at 163 W. Short Street, Lexington, KY, 40507. The program has, however, recently relocated to 149 North Limestone Street, Lexington, KY in order to accommodate

1 Drug Court Brochure. Administrative Office of the Courts. August 1997.

2 “Profile of Inmate Population.” Kentucky Department of Corrections Planning and Evaluation Branch. 1997.

3 Drug Court Brochure. Administrative Office of the Courts. August 1997.

4 *Defining Drug Courts: The Key Components* (January, 1997). U.S. Department of Justice, Office of Justice Programs, Drug Courts Programs Office.

the growing number of clients and treatment groups. Hours of operation for the Drug Court office are from 8:00am to 4:30pm Monday through Friday, with additional evening and weekend hours as needed. The Drug Court closes on State-observed holidays (approximately 12.5 days per year). Clients are instructed to page Drug Court staff during off-hours in emergencies. The Fayette Drug Court serves Fayette county and provides supervision for transfers from both Louisville and Bowling Green Drug Courts when necessary. The data for this report is for the period from July 1, 1996 to June 30, 1998.

Five Judges are currently involved in the Fayette Drug Court program. Judge Noble has worked with the Drug Court program for 23 months; Judge Isaac has been with the Drug Court program for 19 months; Judge Paisley has been with the Drug Court program for 17 months; Judge Ransdell has been with the Drug Court program for 9 months; and Judge Keller has been with the Drug Court program for 2 months. Judges are trained in the Drug Court program by going to a number of Drug Court conferences and symposiums. In 1995, the Judge Noble attended a State Justice Institute National Symposium on Implementation and Operation of Drug Courts. Judges who are involved with the Drug Court program have also visited the Jefferson Drug Court to observe an existing Drug Court program and attend national Drug Court conferences and any other training that is available.

Awards and Honors. The Fayette Drug Court is a model Drug Court for the State of Kentucky and has filled out paperwork to be one of only a few Drug Courts in the nation chosen as a National COPS Mentor Drug Court site. Every two years The National Association of Drug Court Professionals (NADCP) selects new Drug Courts and community-based court sites on a national basis. The Mentor Court Site must meet specific criteria including: (1) the program must have been operational for at least one year; (2) the program must have innovative linkages with law enforcement agencies; (3) the site must have implemented the program in accordance with *Defining Drug Courts: The Key Components*; (4) the site must fit the geographic, site must be willing to host visiting jurisdictions and training at their site and assist jurisdictions in their region, in cooperation with the Office of Community-Oriented Policing Services, U.S. Department of Justice and with NADCP.

In addition, Neal Vaughan a member of the Fayette Drug Court Advisory Board, was elected to the National Association of Drug Court Professional Board of Directors. Neal Vaughan has received a 1997 Fayette County Law Day award for her work with the Fayette Drug Court and other community projects.

Program Goals

In addition, to the Key Components, the Fayette Drug Court program has the following goals and measures or benchmarks for goal achievement:

Table 2. Program Goals and Measures

PROGRAM GOALS	MEASURES FOR GOAL ACHIEVEMENT
1.Promote abstinence	Drug free babies; clean urines; number of meetings attended (AA/NA, treatment groups, education, case specialist meetings)
2.Decrease recidivism	# re-arrests while in program and after graduation (tracked with Courtnet, a daily jail list, and arraignments are monitored daily as well)
3.Community safety	Lower community drug arrests; lower property crime
4.Increase life skills	Court approved housing; court approved employment; education level of clients; gaining/keeping custody of children
5.Community awareness	# media contacts; national recognition; additional funding; requests to speak; more referrals
6.Expand and maintain resource base	Expanding and maintaining the number of agencies the Drug Court program can refer clients to or who work with the Drug Court program

Program Goal Achievement. Indicators for each of the program goals described in the Table 2 are listed below.

1. Promote Abstinence

- A total of 7 drug free babies have been born since the Fayette Drug Court program inception.

Data from the last three quarters of the second year, October 1, 1997-June 30, 1998, indicate that:

- 6,228 urine screens were checked and only .06% were positive.
- 1,481 individual counseling/treatment sessions were held.
- 372 group sessions were conducted.
- 54 family sessions were conducted.
- 27 closed NA sessions (Drug Court clients only) were held.
- 148 Drug Court sessions were held among the five judges involved in the program.
- 2,188 participant appearances were made at the Drug Court sessions.

2. Decrease Recidivism

- A total of 40 participants have graduated since the program inception.
- As of June 30, 1998, no graduates had been rearrested on felony charges.

And, in the final three quarters of the second year (October 1, 1997-June 30, 1998):

- 101 participants were promoted from Phase I to Phase II.
- 54 participants were promoted from Phase II to Phase III.
- 34 participants graduated from the program.

- Of those who graduated during these three program quarters, 25 were in the probation track and 9 graduates were in the diversion track.
- Only 20% of the current participants were re-arrested and most were misdemeanor charges.

3. Community Safety

- Community safety is a long term goal of the program and has not yet been measured. However, it should be noted that for the period of time that clients are in the Drug Court program (approximately one to two years), clients are closely supervised. During this supervision period there are very few new arrests, few dirty drug screens, the majority of the clients are employed full-time, the majority of clients are paying child support or caring for their children, and the majority are paying any other debts they may have incurred. This close supervision contributes in a substantial way to the community safety.

4. Increase Life Skills

In the last three quarters of the second year (October 1, 1997-June 30, 1998):

- 74 vocational rehabilitation assessments conducted.
- 30 new GED referrals were made.
- 14 participants continued to attend either adult education classes or high school.
- 7 participants were enrolled in or attending vocational/technical school.
- 12 participants were enrolled in or attending college classes.
- 3 participants received a GED.
- In the first quarter, 87 participants obtained or maintained employment.
- In the second quarter, 89 participants obtained or maintained employment.
- In the third quarter, 80 participants obtained or maintained employment.
- Several participants maintained their visitation rights with their children in the Cabinet's custody and one participant regained the right to have overnight visitation with their children.

5. Community Awareness

- 9 articles in the local newspaper specifically referring to the Fayette Drug Court have been published since Drug Court began operation (see Appendix B).

In addition, in the final quarterly report for the second year (April 1-June 30, 1998) one or more Fayette Drug Court staff attended:

- A Teen Court Summit.
- A meeting with Probation and Parole to discuss and promote Drug Court.
- A planning meeting sponsored by Champions for a Drug Free Kentucky.
- A Leveraging and Coordination Task Force Meeting which is part of the Kentucky Initiative Project for Youth Prevention.
- National Association of Drug Court Professionals (NADCP) training conference.
- A meeting with U.S. Congressman Hal Rogers to promote the Drug Court concept and funding.
- Facilitated a training workshop of Drug Court coordinators.

- State Pretrial Services conference to represent Drug Court.
- Substance Abuse Epidemiology Meeting.

6. Expanding and Maintaining Resource Base

Services and coordination with other community organizations in the final three quarters of the second year (October 1, 1997-June 30, 1998) included:

- The Department for Vocational Rehabilitation
- The Fayette County Health Department (AIDS Education/Prevention)
- Narcotics Anonymous/Alcoholics Anonymous
- Ameri-Corp
- The Mayor's Training Center
- The Lions Club
- Consumer Counseling Credit Service
- The Fayette County Adult Education Program
- Operation Read
- God's Pantry
- The Carnegie Center for Adult Education
- Black and Williams Center for Adult Education
- Comprehensive Care's Drug and Alcohol Program
- Opportunities Workshop of Lexington (OWL) Job Training Program
- Micro-City Governments Adult Services
- Fayette County Detention Center
- Dismas Charities
- Salvation Army Way House
- The HOPE Center
- The Schwartz Center
- BETA Treatment Program
- VOLTA Treatment Program
- Chrysalis House Residential Program for Women
- The Shepherd's House for Men
- Detox Center
- Independence House Treatment Program
- Cabinet for Families and Children

Client Goals. The following overall client program goals are printed in the client handbook.

Table 3. Client Goals

1.	To learn to be drug free.
2.	To learn better ways of coping with life.
3.	To adjust to a drug-free lifestyle.
4.	To develop a non-criminal pattern of living.
5.	To enhance employment skills through vocational training and educational pursuits.
6.	To attend NA/AA and other support groups.
7.	To increase social skills.
8.	To enhance self-esteem and self-motivation.
9.	To learn the warning signs of relapse and develop a relapse prevention plan.

Clients must agree to these goals and sign a contract stating they agree to the goals and the rules and requirements of the program.

Recruitment and Screening

Drug Court clients are all volunteers in that they can chose the option of the Drug Court program. Typically, Drug Court clients learn about the program in a variety of ways including: (1) Brochures inviting arrestees/defendants to apply; (2) Prosecutors; (3) Defense council; (4) Judges; (5) Word of mouth; and, (6) Proactive recruitment. Proactive recruitment is conducted by the Fayette Drug Court program staff which includes educational presentations for lawyers and other public speaking engagements, monitoring of district court felony arraignments where staff approach potentially eligible clients, and conducting Judge training to promote more client referrals by Judges. The brochures designed for the Fayette Drug Court program discuss the background of Drug Court programs, program participants, and Kentucky Drug Courts (see Appendix C). The targeted client population for the Fayette Drug Court program is currently being reached and has not changed since the program inception.

There are two tracks in which clients can enter the Fayette Drug Court program: Probation and Diversion. For both tracks a client must: (a) have a self-admitted drug problem; (b) meet criteria for drug abuse from the Addiction Severity Index (ASI) (see Appendix D for examples of the client reports from the ASI); (c) have drug use or drug and alcohol use problems—alcohol abuse alone does not meet the criteria for Drug Court program eligibility; (d) consent to a urine drug test; (e) have a non-violent criminal history; and, (f) sign an agreement of participation. Although decisions whether to admit individuals to the program are made on a case by case basis, the following are minimum eligibility criteria.

Diversion. Pretrial Services maintains a log of Drug Court eligible defendants. Logs are forwarded to Drug Court staff on a monthly basis. For the Diversion track eligibility criteria are:

1. Possession of Drug Paraphernalia, 2nd offense, with no other felony charges; with the possible exception of Possession of Controlled Substance and other evidence of drug addiction;
2. Possession of Controlled Substance (Felony); and
3. Obtaining Controlled Substance by Fraud (Prescription Fraud).

A defendant may also meet eligibility criteria if his or her criminal history reflects:

1. No prior violent misdemeanor convictions within the past 10 years (violent misdemeanor convictions may include assault in the fourth degree, menacing, wanton endangerment in the second degree, terroristic threatening, stalking in the second degree, resisting arrest and carrying a concealed deadly weapon);
2. No prior felony convictions, with the possible exception of Possession of Controlled Substance and other evidence of drug addiction; and
3. No convictions of Trafficking in a Controlled Substance.

Clients who enter Drug Court under the Diversion track must plead guilty to any pending misdemeanor charges. In addition, the consent of County Attorney and Commonwealth's Attorney must be given.

When Drug Court staff determine that a defendant meets the eligibility criteria, the defendant will be redocketed for another District Court appearance within ten days. Between arraignment and preliminary hearing, the defendant will have undergone an assessment and drug testing to assist in determining drug addiction and severity of abuse. The Pretrial Services interview, arrest documents, assessment, and drug results are provided to the County Attorney and Commonwealth's Attorney in order to assist in making a final determination of acceptance. In determining acceptance into the program, the County Attorney and Commonwealth's Attorney review the information and consider extenuating circumstances such as crime lab results, involvement of a deadly weapon, existence of a victim, and whether the defendant is currently under investigation. Arresting officers may be contacted. Determination of acceptance or rejection based on available information is made by the County Attorney and Commonwealth's Attorney.

When the defendant has been determined to be eligible for Drug Court, the Commonwealth's Attorney completes an acceptance form and the necessary paperwork and provides it to the County Attorney for completion at the preliminary hearing. The defendant's attorney and defendant complete the Waiver of Indictment and the Stipulation of Facts and waive the charges to the Grand Jury to proceed by Information. The defendant is arraigned in Circuit Court on the next scheduled session following the filing of the Information, the Waiver of Indictment, and Stipulation of Facts. On the record at the Circuit Court arraignment, the defendant acknowledges the accuracy of the Stipulation of Facts and pleads guilty. The Drug Court Judge accepts the guilty plea but reserves sentence until after completion of the program.

In the event a case that meets the criteria has been directly indicted and originates in Circuit Court, the case is assigned to a Drug Court docket from Circuit Court and transferred to a Drug Court Judge. The defendant will enter into the Stipulation of Facts and plead guilty. Upon successful completion of Drug Court diversion, the charges are set aside and expunged.

Probation. For individuals on Probation the eligibility criteria are:

1. Non-violent history;
2. Current charges must be drug related; and
3. Judge's consent.

A case may be assigned to Drug Court in lieu of State supervised probation from Circuit Court.

Additionally, for defendants who have violated conditions of traditional probation, Drug Court may be incorporated as an alternative to revocation. After examining the facts of the case and speaking with the defendant and attorney, the sentencing Judge may decide the defendant's criminal charges stem from substance abuse. An order of referral for assessment by Drug Court is then issued and based on the evaluation, the sentencing Judge may allow the defendant to complete the program in lieu of traditional probation. Defendants who are out of custody are given a form stating they must contact the Drug Court staff within three days to schedule the assessment. Defendants who remain in custody are assessed at the detention center.

Following the Judge's referral order, Drug Court staff obtain Courtnet and the National Crime Information Center (NCIC) record checks through Pretrial Services to determine eligibility based on prior criminal history and requests the Presentence Investigation Report (PSI) from the Division of Probation and Parole. When a defendant appears to have a nonviolent prior criminal history, a meeting is scheduled to explain the program, sign the Agreement of Participation, obtain preliminary information, conduct an ASI, and schedule a drug test. Based on the information obtained, a notice of eligibility is forwarded to the referring Judge who makes the final determination of whether a defendant should be given the privilege of participating in Drug Court. If the defendant is deemed appropriate, the case is transferred to Drug Court after sentencing.

When a probation case is accepted into the Drug Court program, a Drug Court case specialist is assigned. The Division of Probation and Parole is notified and all supervision is maintained by the Drug Court staff. If the sentencing Judge determines that fines, restitution, court costs, etc., are to be paid, the Case Specialist and defendant develop a payment plan. Standard supervision fees required by Probation and Parole are not applicable. Upon successful completion of Drug Court probation cases, the Drug Court Judge may conditionally discharge participants from the remainder of the probation sentence.

Changes in the Recruitment and Screening. Since the Drug Court funding began, changes have been made in the selection and recruitment criteria. First, the post-plea with diversion has been changed. A Drug Court in the District Court was added approximately 14 months after the Drug Courts in the Circuit Court began. Also, more Drug Court Judges have been added to increase program capacity. Diversion track clients have been reached earlier with the help of Pretrial Services. The Drug Court staff has been working with Pretrial Services more closely in tracking and monitoring clients. Also, Drug Court staff duties have expanded to include court documentation and record keeping to make orders more consistent.

Capacity

For the most part, potential clients are entered into the Drug Court program on a first come, first serve basis. Thus, clients begin the program separately whenever the next space becomes available. However, judicial discretion may direct the candidacy or non-candidacy of certain individuals. At the current time, there is no waiting list for the Fayette Drug Court program. Spaces are made available for all eligible candidates.

There have been changes in the existing criminal case process that were required in order to implement the Drug Court program including rescheduling case loads, scheduling extra dockets which

requires Judges to frequently work through lunch, and instituting special codes for tracking Drug Court clients.

Timing. The Fayette Drug Court is a combination of a post-plea diversion and a post-conviction probation program. It takes approximately two weeks from the time the client has been determined to be eligible for the Drug Court program to officially enter. During that two week period, the client is assessed, drug tested, and referred by the Drug Court Judge for entrance into the program. The determination of eligibility to initial Drug Court appearance takes less than 1 week. After a client is admitted to the Drug Court program their Individualized Program Plan (IPP) is developed within 1 week. Once the IPP is developed, the first contact with a treatment session takes approximately 1 week (it is approximately 3 weeks from the time a client is assessed for eligibility to their first contact with a treatment session). This timeline is the same for both probation and diversion clients.

Treatment Programming

Assessment of Needs. Potential clients must undergo an assessment to establish drug dependency and a history of drug use. The Addiction Severity Index (ASI) is administered by the Fayette Drug Court staff. The ASI is the only standardized assessment instrument used in the Fayette Drug Court program. The ASI⁵ is a multidimensional instrument used to diagnose, evaluate, and assess change in a client's drug abuse patterns. It identifies personal and family background, current status, and problems in six domains including medical status, employment/support status, drug/alcohol use, legal status, family/social relationships, and psychiatric status. The ASI is a computerized assessment tool based upon the concept that successful treatment of drug offenders must address problems which may have contributed to their drug dependency. It takes approximately forty-five minutes to administer. For most Drug Court clients, the ASI data is collected during the initial assessment which most often takes place while the client is in jail (75-80% of cases). The ASI is used to determine program eligibility and to determine client needs. The ASI is also used in developing the Individual Program Plan (IPP). (See Appendix D for examples of the ASI client reports.)

During the initial contact with Drug Court staff, when the ASI is administered and the Agreement of Participation is signed, all program components are explained to clients. Formal documentation is also given to each client including the overall Drug Court program description, explanation of the sanctioning process, drug testing procedures, reward process, movement between phases, graduation requirements, hours of operations, emergencies, and other requirements. Clients are also told that all abuse issues are reported to the appropriate State agencies.

Orientation. When a client first enters the program he or she is required to attend seven weeks of orientation education. One session of this orientation is conducted on an individualized basis. The rest of the orientation sessions are conducted in groups. Also, the Drug Court Judge may reinforce program requirements with clients during initial Drug Court appearances.

Program Documentation. Each client receives a participant handbook. This handbook describes the program, the expected goals for each client, costs and payments, participant rules, program requirements, individual, group and family counseling, chemical dependency education, support groups,

5 NIDA (1995). "Assessing Client Need Using the ASI: A Handbook for Program Administrators." U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. NIH Publication No. 95-3619.

incarceration, employment, the vocational/job training component, vocational rehabilitation, random drug screens, discharge, graduation, and program hours. In addition, each participant signs an Agreement of Participation which describes program expectations, and they receive a participant calendar which has assigned journal entries and other homework. (see Appendix F and I).

Individual Program Plans (IPP). Another initial step at Drug Court entry is for Drug Court staff to work with clients to develop individualized program plans (IPP). The plans outline specific responsibilities and goals with timetables. The plans may include group, family, and individual counseling; frequent and random drug testing; educational and vocational training; and health and community activities (see Appendix E for an example of an IPP). Clients have some input into the IPPs in Phase I and II. In Phase III, clients have the most input into their IPP. In addition, the information that Drug Court staff use to develop the IPP and the treatment plan includes the: ASI; PSI; education level; employment history; medical history and health; self-report of goals and problems; legal charges; and restitution.

IPPs are reviewed and modified when the client moves to a different phase and/or if there is a crisis situation. Often the individual plans change during each Phase to reflect more responsibility in the community as well as in the program. Phase I, for example, focuses on health, housing, employment, education, and group requirements depending on the client needs. Phase II incorporates financial obligations if there are any. The program is performance-based with measurable expectations and accountability. The three phases take an average of 12 to 24 months to complete.

Phase I can be completed in 4-8 weeks with most clients completing Phase I in 6 weeks. During this phase, clients are required to provide a minimum of three random drug screens per week, to attend four NA/AA meetings per week, to attend all group, family, and/or individual counseling sessions assigned (approximately 5-6 meetings per week), to comply with any necessary medical referrals, to attend one Drug Court session per week, to begin arrangements for payment of Court obligations, to maintain Court-approved stable housing, to maintain Court-approved employment, training, and/or education referrals, and, to write seven daily journal assignments which are submitted to the Judge.

Phase II can be completed in 8-12 months with the average client completing in about 8-10 months. The minimum time for Phase II was recently increased from 6 months to 8 months. Phase II requirements include providing a minimum of two random drug screens per week, attending two to three NA/AA meetings per week, attending all group, family, and/or individual counseling sessions assigned (approximately 3-4 meetings per week), attending one Drug Court session every other week, developing a payment plan to satisfy any restitution, including court costs, maintaining Court-approved stable housing, maintaining Court-approved employment, training, and/or education referrals, writing daily journal assignments which are submitted to the Judge, reading a book and turning in a report to the Judge, maintaining daily physical activity which is reported to the Judge, doing at least one good deed to be reported to the Judge, and, obtaining/maintaining an approved NA sponsor and maintaining regular contact.

Phase III can be completed in 3-5 months, with the average client completing in 4 months. Requirements for the last phase include providing at least one random drug screen per week, attending one NA/AA meeting per week, maintaining a full-time NA sponsor and having regular contact, attending all

group, family, and/or individual counseling sessions assigned (2-3 total meetings per week), writing daily journal assignments which are submitted to the Judge, reading a book and turning in a report to the Judge, maintaining daily physical activity which is reported to the Judge, doing at least one good deed to be reported to the Judge, attending one Drug Court session per month, paying a substantial amount of restitution including court costs, maintaining Court-approved stable housing, maintaining Court-approved employment, training, and /or education referrals, and, mentoring a new Drug Court client.

Drug Court Sessions. The Drug Court program is a single jurisdiction and participants are seen on a Drug Court docket/calendar. Approximately 20 clients appear at a Drug Court session at any given time. Sessions are held weekly and each client is assigned to a specific Judge. Clients stay with that assignment throughout the program. Drug Court staff provide case notes for each client at each court session. The Drug Court Judge reviews the participant files and participants are held accountable for successes or failures. Typically, staff and Judges meet before each session to discuss any issues and successes with clients. In general, Drug Court lasts for one hour and participants are required to stay the whole hour. Each client goes before the Judge in the following order: new participants are first, those appearing for progress reports are second, and those in custody for an act of non-compliance are last. There are exceptions to this order depending on an individual circumstance.

Throughout the program, clients appear in Court on a regular basis. Drug Court staff provide case notes on each client for each court session. The Drug Court Judge reviews the client files and clients are held accountable for successes or failures. Although the Judge reviews written reports from Drug Court staff, clients report directly to the Drug Court Judge in court, explaining successes and failures. It is during the Drug Court sessions that the Drug Court Judge rewards success and sanctions clients for noncompliance.

Payments. Drug Court participants with court related financial obligations (e.g., child support, restitution, crime victims' fund, legal aid fees) are required to make court approved payments on a regular schedule and provide staff with documentation of the payments. Unless the court orders a specific amount, amounts and payment schedules are established by Drug Court staff and documented for the Judge's approval. If for some reason the client cannot meet the agreed upon payment, the situation is reviewed by the staff and, if possible, other arrangements are made. Failure to make timely payments may result in delaying phase advancement or completion of the program.

Program Rules. Participants also have specific rules they are required to follow while participating in the Drug Court program. These rules include:

1. Appropriate clothing is expected at all times. Sunglasses are not allowed to be worn inside the Drug Court Center or Court unless approved. Clothing bearing drug or alcohol-related themes, or promoting or advertising alcohol or drug use is not allowed. No gang colors or gang clothing can be worn.
2. Attendance at all scheduled group, individual, and family counseling sessions, educational sessions and Court sessions is mandatory, unless prior approval is obtained. The client must arrive on time and not leave until the meeting is over. If the client is late, they are not allowed to attend the session and may be considered absent.

3. The following actions are not tolerated by clients while they are in the Drug Court program: violence or threats of any kind; use and/or possession of drugs and/or alcohol; belligerent behavior; possession of any type of weapon; inappropriate sexual behavior or harassment.
4. No loitering of family and/or friends is allowed on the premises. If they provide transportation for the client, they are expected to drop them off and pick them up at the end of the session.
5. Clients are not allowed to carry beepers or cellular phones to Court or group sessions.
6. All participants must notify staff of any arrest or court obligations.
7. The program must comply with KRS 620.030 regarding the reporting of cases of abuse or neglect of minors. The program must also comply with KRS 209.030 regarding the reporting of cases of abuse and neglect of adults. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.
8. Clients are expected to maintain appropriate behavior at all times during Drug Court sessions and while in the courthouse. The Judge will be addressed with respect. Unless prior approval is given clients are expected to remain for the entire proceeding, refrain from talking while seated, and show support and encouragement to fellow participants by applause, but only during appropriate times.
9. Use of prescription medications are monitored and verified by a physician and must be approved.

In addition, although all sessions and responsibilities to participate in the Drug Court program may require transportation, it is not provided by the Drug Court program, however, the Vocational Rehabilitation program may provide transportation passes on a case-by-case basis.

Employment. Drug Court clients are required to obtain and maintain full-time employment throughout the program. Exceptions are full-time students, or those who have been determined by a physician to be physically or mentally incapable of full-time employment. During the initial seven-day detoxification/orientation period, participants are given passes from the detention center in order to obtain or verify existing employment. If a participant has no leads on their own for jobs, Drug Court staff provide services to assist the client. Every Drug Court participant is eligible for Vocational Rehabilitation services, which can include job training workshops and fairs, job placement, financial assistance to attend a college or Vocational-Technical School. Vocational Rehabilitation also provides bus passes to participants who have no transportation available and gas vouchers for participants with cars. A voucher is also given to all participants for \$150 to buy clothes for job interviews, work uniforms, or clothes suitable for work. Drug Court staff also keep local job classified advertisements updated for clients needing employment. The Fayette County Friend of the Court Program's Compliance Officer has also assisted Drug Court participants by providing updated job listings.

Participants are permitted to change jobs while in the program; however, staff must be notified prior to the change. If a client loses a job while in the program, they are given a time frame to locate other

appropriate employment. If a client is unemployed, they are required to complete 20 hours of community service per week. Program staff routinely verifies employment either through phone contact with the employer or copies of paycheck stubs. On-site visits may also be conducted. In the event of incarceration, the client's direct supervisor will confirm all work release schedules.

The case specialists have made several job contacts through the weekly monitoring of participants' employment. These contacts have been beneficial for the program in general primarily because after employers have become familiar with the program and the case specialists they will often contact the Drug Court staff when they have job openings. Examples of the organizations and agencies that provide jobs for Drug Court participants include: OWL, BCS-H.B. Nelson, First Janitorial Service, Labor World, Radisson Hotel, UPS, CBS Personnel Services, Labor Ready, Excel Services, Harts Dry-cleaning, UK STEPS program, Urban League, Telequest/Teleservices, Americorp, Snelling Personnel Services, Patti Webb Cleaning Services, and Power Built Construction.

Education. Clients with less than a high school degree or GED and those who are unemployed or underemployed are expected to work on developing their educational skills. The Drug Court staff can often help by: assessing current skills; aptitude and interest testing; development of a personal action plan; life skills seminars; adult education referrals; job and interview counseling; and, job search skills. Also, a representative from the Office of Vocational Rehabilitation is available to program participants. Vocational Rehabilitation offers services including career counseling, training placement, job placement, and various educational opportunities.

Housing. Clients are required to reside in or find Court-approved housing. Often clients have been living with other substance abusers. This environment can hamper sobriety efforts and is often particularly difficult for Drug Court clients to remain in their previous using context. Drug Court clients are encouraged to reduce contact with old friends, places, and habits. This may include a change in relationships and home environment. An assessment of how critical it may be for the client to leave their current housing arrangement is incorporated into the Individual Program Plan. Case specialists conduct housing verification in a similar manner to the employment verification. They either contact the landlord/landlady by phone or through site visits. Drug Court staff help clients make deposits if necessary. The clients pay the Drug Court back over a period of time. Drug Court staff also help clients by individual assessment and counseling focused on budget issues and by going through the housing classified advertisements with the clients. Case specialists refer clients to organizations that will help clients afford housing. Volunteers of America helps with housing placements, St. James House provides housing for less money, Adult Services/Tenant Services helps clients with housing deposits, and Catholic Services and other agencies help clients with utility bills. If necessary, clients can be referred to halfway houses: the Hope Center, Chrysalis House, Shepherd's House, the Salvation Army, and Men's Oxford three-quarter-way house all provide temporary housing for clients who have substance abuse problems.

Treatment Modalities Used

The Fayette Drug Court provides all treatment groups and case management services on-site with the exception Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. There are a total of nine educational/treatment groups, which include: basic chemical dependency education, parenting, relapse prevention, life skills, 12-step study, and one monthly meditation group. A graduate aftercare group is being developed.

Table 4. Treatment Modalities

As indicated in the Table below, there are a number of different treatment and program modalities that are integrated and used in the Drug Court program. In addition, many of the treatment and program modalities described below are used as needed on an individualized basis. There is rarely a waiting period for Drug Court clients because most treatment is done in-house or provided by Drug Court staff. Further, most contracted treatment programs give Drug Court clients priority. Sometimes there are waiting periods for residential treatment or halfway houses which can last from 2-4 weeks.

<i>TREATMENT COMPONENT</i>	<i>RATING*</i>	<i>DURATION</i>	<i>SESSIONS</i>	<i>WHERE PROVIDED?</i>	<i>SHOULD BE ADDED OR DROPPED</i>	<i>COMMENT</i>
Detox	5	7 days		Jail/Schwartz Center		
Methadone maintenance	1	N/A				
Medical treatment (e.g., prescription drugs)	4	As prescribed		varies		Not prescribed by Drug Court staff but is monitored
Individualized treatment plans	5	Ongoing	Weekly initially; Changes with phases	Drug Court office		
Staged recovery process model or “treatment matching” model	5	Ongoing	Ongoing	Drug Court individual and groups; individual providers as needed		
Relapse prevention model	5	Ongoing	At least 1 per week	Drug Court groups		
Substance abuse education	5	Ongoing	At least 1 per week	Drug Court groups		
AA/NA type 12-step model	5	Ongoing	4 per week	Community		
Self-help therapy using a manual or diary	5	Ongoing	7 days per week	Drug Court calendars and journals		
Acupuncture/acupressure	3	N/A				
Hypnosis	3	N/A				
Other drug/alcohol treatment (specify): in-patient treatment and long-term residential	4-for some clients	From 214-28 days up to 1 year		Community resources		

* 1=Not at all critical 2=Not critical; 3=Not sure; 4=Critical; 5= Extremely critical

<i>TREATMENT COMPONENT</i>	<i>RATING*</i>	<i>DURATION</i>	<i>SESSIONS</i>	<i>WHERE PROVIDED?</i>	<i>SHOULD BE ADDED OR DROPPED</i>	<i>COMMENT</i>
Case management (emphasis on procuring and monitoring service from various agencies to insure delivery of treatment to the clients in the program)	5	Ongoing	Weekly	Drug Court office		
Casework (extends beyond case management and includes active integration of the care provided, counseling from a social work perspective, and involvement with the client's family)	5	Ongoing	Weekly	Drug Court office; home visits; employment site visits		
Advocacy for obtaining services/benefits for the client (e.g., unemployment benefits)	5	As needed	As needed	Community services/ resources		
Individual Counseling	5	Ongoing	Weekly	Drug Court office		
Scheduled group therapy or group counseling	5	Ongoing	Weekly	Drug Court office		
Family therapy	4	Ongoing	As needed or requested	Community Resources Drug Court office		
Art or recreation programs as therapy	4	Phases II & III	Bi-monthly or monthly	Community or home	Add structured programs	These are not structured programs, client must do them on their own.
Housing assistance	4	As needed	As needed	Community resources	Resources need to be added	Resources are few and hard to access
Halfway house	4 -for some clients	As needed	N/A	Community resources		Resources are few and hard to access
Readiness for vocation	5	As needed	As needed	Voc Rehab		Very helpful
Work release	4	As needed	As needed	Jail		

* 1=Not at all critical 2=Not critical; 3=Not sure; 4=Critical; 5= Extremely critical

<i>TREATMENT COMPONENT</i>	<i>RATING*</i>	<i>DURATION</i>	<i>SESSIONS</i>	<i>WHERE PROVIDED?</i>	<i>SHOULD BE ADDED OR DROPPED</i>	<i>COMMENT</i>
Employment counseling	5	As needed	As needed	Voc Rehab		
Social skills development training	5	Ongoing	Ongoing	Drug Court groups and individual sessions		
Problem solving skills training	5	Ongoing	Ongoing	Drug Court groups and individual sessions		
Life skills training	5	Ongoing	Ongoing	Drug Court groups and individual sessions		
Parenting classes	5	24 weeks	1 per week	Drug Court groups		
Cognitive behavioral (e.g., teach self-reinforcement)	5	Ongoing	Ongoing	Group/individual sessions Community Resources		
Training in anger management or aggression management	5	Ongoing	Ongoing	Group/individual sessions Community Resource		
Stress management	5	12 months	1 per month	Group session		
Biofeedback training	2	N/A				
Relaxation methods	5	12 months	1 per month	Group session		
Transcendental meditation	2	N/A				
Thinking errors approach	5	Ongoing	Ongoing	Group/Individual sessions		
Moral or ethical training	4	12 weeks	1 two hour group per week	Local church		
Mentoring or big brother	4	Phase III and post graduate		Drug Court/community		
Book reports	4	Phase II & III	1 per court appearance	Drug Court		
Good deed reports	4	Phase II & III	2-3 per court appearance	Drug Court		
Journaling	5	Ongoing	Ongoing	Drug Court		

* 1=Not at all critical 2=Not critical; 3=Not sure; 4=Critical; 5= Extremely critical

TREATMENT COMPONENT	RATING*	DURATION	SESSIONS	WHERE PROVIDED?	SHOULD BE ADDED OR DROPPED	COMMENT
Contingency contracting (combines both rewards and punishments for specific named behaviors)	5	Ongoing	Ongoing	Drug Court session		
Referrals to health care organizations (e.g., health clinics, physician)	5	As needed	As needed	Health Department at the University of Kentucky		
Physical Exercise	4	Phase II & III	2 to 3 per court appearance	On own/ YMCA		
HIV testing referral	5	As needed	As needed	Health Department		
TB testing referral	5	As needed	As needed	Health Department		

* 1=Not at all critical 2=Not critical; 3=Not sure; 4=Critical; 5= Extremely critical

Treatment Groups. The Drug Court program begins with a seven-day detoxification/orientation period. During this time an initial meeting with the rehabilitation counselor is conducted to develop the Individual Program Plan. A second meeting is scheduled with the case specialist to discuss the IPP and begin planning methods to obtain the goals set in the IPP. The participant also begins an eight-week Substance Abuse Education group and is introduced to the AA/NA 12 Step Program through 12 Step groups and mandatory attendance at AA/NA meetings. Within the first month of participation in the program, the client is encouraged to obtain an AA/NA sponsor. Based on the issues identified in the IPP's, the participant may also be required to attend a four-week Living Skills group and/or a group designed to assist the participant in adjusting to life outside of jail. Participants are also required to attend a two-part HIV/AIDS Education group and meet with the assigned case specialist at least weekly. If more in-depth substance abuse treatment is needed, participants are referred to therapy providers outside of the Drug Court staff. Throughout the program, the clients attend individual sessions designed to highlight errors in thinking.⁶ In the event that a participant relapses, he/she is required to attend a four-week Relapse Prevention group in addition to the other required groups. In Phase I, clients typically attend five to six meetings and sessions per week.

At the beginning of Phase II, the IPP is reviewed and updated. Clients are required to continue to attend the 12 Step groups, in which more detailed discussions involving working and applying the steps take place, and continue to attend AA/NA meetings. A basic support group is also added to the curriculum. This group includes discussions of the participants' living problems, identifying relapse symptoms, development of a relapse plan, relaxation/meditation techniques, anger management, and development of cognitive skills, e.g., dealing with feelings, depression, grief, and resistance along with other issues brought to the group by participants. Clients continue to see their case specialist and/or treatment coordinator at least once every two weeks for individual session. Also, in the event of a relapse, the participant is required to attend the Relapse Prevention group. In Phase II, a client typically attends

6 Yockelson, S. and Samenow, S. E. "The Criminal Personality: A Profile for Change." Volume 1. Jason Aronson: 1995.

three to four meetings and sessions per week.

At the beginning of Phase III, the IPP is reviewed and updated. Phase III brings a continuation of the support groups, more advanced Living Skills groups and groups or individual sessions designed to assist the participant in identifying errors in thinking in order to adjust to life without the support and supervision of Drug Court. Increased attendance at AA/NA meetings is requested and the participants are required to mentor a new Drug Court participant or work with a group. Prior to graduation the client is asked to complete an extensive relapse prevention plan and identify progress made and potential danger areas. An exit interview is scheduled with the case specialist and treatment coordinator to discuss the plan and make any changes or additions. Again, in the event of a relapse, the participant is required to attend the Relapse Prevention group. In Phase III, a client typically attends two to three meetings and sessions per week.

Other Program Components. In addition to each of the treatment components there are several components of the Drug Court program that make the program unique: community service, book reports, mentoring, calendars, good deeds, and physical exercise. Also, a pilot relaxation/mediation group was successful and will be conducted on a monthly basis.

Community service is used in two main ways in the Drug Court program. If someone is not employed, they are required to do community service for 20 hours per week. Community service hours are also used as a part of the sanctioning process. The number of hours assigned as sanctions can vary but usually average between 5-10 hours per offense. Community service is available to the participant through a variety of agencies including: the Hope Center; Salvation Army; Lexington Humane Society; God's Pantry; Chrysalis House; UK Hospital; Ashland Avenue Baptist Church; Elkhorn Baptist Church; Lexington Habitat for Humanity; Hospitality House; and, Helping Hand Daycare.

The role of the **book reports** in the Drug Court program is to increase literacy, to ensure constructive use of the clients' time, to increase writing skills, to help in developing responsibility, and to increase client knowledge in the area of recovery, chemical dependency, and relaxation. **Mentoring** is required for graduation and is also required for three months after graduation and is done on an informal basis. Clients are required to complete a **calendar** each week over the duration of the program (See Appendix F for examples of calendars). Calendar requirements change with each phase. Calendars for Phase I require clients to reflect on their previous lifestyles, addiction history, goals for the future and basic substance abuse education and then write a **journal** entry on these subjects. Completion of any other assignments from the calendars is also required. Phase II and III clients are required to alternate their journal entry writing between writing about a current event, personal affirmations, and a topic of their choice pertaining to their progress or any difficulties they might be facing, and complete any other assignments. All calendars are turned in at each Drug Court session attended and are given to the Judge. Journal assignments are used to help clients develop and utilize introspective thinking and to help them get in touch with themselves, to help them remember where they have been, to expand their minds, to be aware of current events, and to reinforce positive affirmations. The calendars also list work, individual and group, court, and AA/NA schedules. **Good deeds** are required to show concern for others. Daily **physical exercise** is also required in Phase II and III to assist the participants in incorporating a healthy lifestyle into their recovery program.

Client Contact. Clients have contact with a variety of program components on a regular basis

during the Drug Court program. In addition, the contact they have with various program components change as they move through program phases. A summary of client contact by program component is presented in the following table.

Table 5. Summary of Client Contact with Program Components

	<i>PHASE I</i>		<i>PHASE II</i>		<i>PHASE III</i>	
	# times	Per	# times	Per	# times	Per
Substance abuse individual counseling	1	Week	1	2 Weeks	1	Month
Substance abuse group counseling	1-2	Week	1	Week	1	Week
Other individual counseling	1-2	Week	1	Week	1	Month
Other group counseling	1	Week	1	Week	1	Week
Family counseling	As requested		As requested		As requested	
Job counselor	As referred		As referred		As referred	
Drug Court staff	3-4	Week	1-2	Week	2	Month
Drug Court Judge	1	Week	2	Month	1	Month
Probation officer	N/A		N/A		N/A	
Case worker	3-4	Week	3-4	Month	2	Month
Drug testing	3	Week	2	Week	1	Week
Defense council	As needed		As needed		As needed	
Job counseling	As referred		As referred		As referred	
AA/NA	4	Week	2	Week	1	Week

As the table indicates, client contact for each of the different program components varies by phase and, to some extent, is based on individual need. In general, clients have contact with Drug Court staff three to four times per week in Phase I, one to two times per week in Phase II, and twice a month in Phase III. In general, clients have contact with substance abuse treatment counseling one to two times per week in Phase I, once every week in Phase II, and once a week in Phase III.

Relapse Patterns

Phase II is where clients are most likely to relapse. On average clients who relapse during Phase II, relapse within the first 2 months. The second most common relapse is within 2 weeks of entering Phase III. Clients who relapsed in Phase III are more likely to do so during the first month upon entering Phase III. Thus, the most common relapse triggers tend to be movement between Phases, seeing old friends, being in the old neighborhood, family crisis, and major life events.

Client Monitoring

Clients are monitored by the Drug Court Judge and on an individual basis by their Drug Court case specialist. In addition, when clients are in a residential treatment program, the client is monitored by treatment staff; and, when clients are on work release they are also monitored by adult probation. If a client enters the Drug Court program through the probation track, the Probation Department transfers their supervision to the Drug Court. A Drug Court liaison is assigned by the Police Department to assist with site visits, service of warrants, and any police-related problems and/or questions.

Urine Drug Testing. Clients are monitored in several ways. One of the most important ways clients are monitored in the Drug Court program is through drug testing. Drug testing is done frequently and randomly. When a participant is still in custody, the initial drug test is performed at the detention center. If a client is not in custody tests were conducted by Dismas Charities. However, beginning July 1, 1998, drug screens are conducted at the Community Alternative Program which is housed at the local Jail.

Urine screens are used to test for marijuana, cocaine, opiates, benzodiazepines, and amphetamines. A breathalyzer is used to test for alcohol. Sometimes a patch is used (e.g., if the client is going on a vacation). The patch tests for marijuana, cocaine, opiates, amphetamines, and benzodiazepines. Drug screens are conducted on a random basis—at least 3 times per week in Phase I; 2 times per week in Phase II; and 1 time per week in Phase III. Clients are required to call an answering machine at the Community Alternative Program to find out if their Phase was randomly selected for drug screening that particular day. Urine screens cost approximately \$5 per 2 panel drug screens and \$10 for 5 drug panel screens.

Sanctions and Rewards. There is one system of graduated sanctions and rewards. However, sanctions are applied on a case by case basis. Clients are likely to be sanctioned similarly. This system of sanctions provides more opportunity for an individualized appraisal. Typically, the Judge decides when incentives and sanctions are used with input from Drug Court staff. Creativity is sometimes used for sanctions and rewards to meet individual needs. Also, sanctions must be commensurate with average sentence length.

Dirty urines, failure to participate, failure to appear, failure to pay fees, missing randomly scheduled urine drops, and not meeting program expectations (e.g., not working, not attending groups, or not attending AA/NA meetings) will prompt sanctions. Sanctions include but are not limited to, inpatient drug treatment, more treatment sessions, more AA/NA meetings, extra homework assignments and readings, community service, home incarceration, jail, termination from the program, and demotion to the previous phase. While clients are in jail, they are allowed to continue to come to treatment groups and to work. It is critical for Drug Court programs to have a good working relationship with the jail so that clients can continue to participate in the program while they are being sanctioned to jail time.

Clean urines, and meeting all other program requirements, are rewarded with Phase promotion. Also full program participation such as good reports, payment of fees, attaining educational goals, and consistent employment are rewarded. Rewards or incentives include applause and recognition of progress by the Judge, Drug Court staff, and other Drug Court clients. Also, certificates, plaques, YMCA passes, t-shirts, and medallions are all used to reward clients during their program participation.

When clients are in noncompliance status with the program, the Judge and/or case specialist

notifies them face-to-face. In most cases, the Drug Court staff talk to the client about the incident as well as collect any other pertinent information. After the Judge is debriefed, sanctions are discussed and sometimes imposed. Clients are then notified of the sanction by staff or by the Judge in court.

Graduation. The minimum time requirement for graduation is 12 months. In addition, clients must successfully go through all three Phases, maintain clean urine drug test for at least six months, maintain court approved housing and employment, agree to mentoring after graduation, and have made a substantial amount of fee payment in order to graduate from the program. Graduations occur quarterly. To date, 40 people have graduated from the Drug Court program. The graduation ceremony lasts approximately one hour. The Judge involved with the specific client speaks about each graduating client individually and allows the client to speak to the room as well. Each graduating client receives a plaque, a certificate, and a t-shirt with the Drug Court logo. All current Drug Court participants are required to attend the graduation. In addition, family and friends of graduates, law enforcement representatives, and local dignitaries often attend.

Program Termination. Participants are most often removed from the Drug Court program for noncompliance with rules and procedures, arrest and/or conviction on new charges (this is done on a case by case basis), failure to appear as scheduled for court, jail or treatment, absconding from the program, or deciding to discontinue program participation. When a participant is removed from the program, criminal proceedings are reinstated.

Program Components and Changes

Although the Fayette Drug Court program implementation has stabilized, there are several program components which have not yet been implemented or could be improved, including: (1) Family involvement/participation; (2) Working with the Army Reserves as a potential employment opportunity for Drug Court graduates; (3) Management Information System; (4) Aftercare; and (5) Spirituality. The two main reasons these components have not been implemented are staff time/resources and working the details out with the community. Also, a problem is client participation. Information has been provided about Army Reserves, however, to date, no clients have been interested. Spirituality groups have had low attendance and the providers of these services often drop out in response to the low turnout.

The program has changed in several critical ways since its inception. First, the program moved to a larger space to accommodate the additional staff and clients. Second, important linkages have been developed with the police. In fact, Drug Court has been assigned a specific officer (Sergeant Compton) to help monitor clients, including home visits. The program has increased the number of staff and the number of judges has also increased. The time that clients spend in treatment and with the staff has increased over the course of the program. The number of contract groups per week with Comprehensive Care has increased from approximately two groups per week to approximately six groups per week. The employment opportunities for clients have also expanded.

Aftercare

Clients are required to be available for 3 months after graduation to serve as a mentor for approximately 5 hours per month. Clients also continue to be monitored and are required to attend AA/NA. Monitoring consists of client check-in at least once a year for five years. Drug Court staff also

run record checks periodically. Also, whenever clients change employers or addresses, they are required to notify the Drug Court staff. In the future, Drug Court staff would like to form Alumni groups and a relapse prevention program as part of an Aftercare Phase.

Information Capabilities and Reporting

Regular reports about Drug Court clients are made. For example, case notes are made on a regular basis using calendars and other information. Drug Court Judges are the primary recipients of client reports. Prosecutors are made aware of the contents of case notes during team meetings. Also, team meetings are open to defense attorneys. Although defense attorneys are encouraged to attend, they rarely do.

Reports are presented in both narrative and written score card form. Reports include urinalysis results, record of treatment attendance, appearance for urinalysis, appearance at court hearings, notes on participant compliance with court ordered conditions, counselor notes, treatment provider notes, rearrests, referrals, and counseling session attendance. For residential treatment, treatment staff report to the Drug Court staff regarding client progress.

Aggregate status reports are also produced on a monthly, quarterly, and yearly basis. Monthly aggregate reports include number of diversion track candidates eligible in Category I and II, number assessed, number of initial drug screens, number of candidates eligible, number accepted. For probation, the number of candidates referred, assessed drug screens, eligible, and transferred are recorded. Then overall statistics are reported for the Drug Court program including: total number of candidates accepted, number of participants moving to each phase, number of court sessions, number of participants identified as using based on urine screens, number of individual sessions, number of group sessions, number of family/support sessions, number of participants referred to outside agencies, employment and educational status of clients, number of employment and housing verifications, amount paid toward court obligations, number of sanctions, number of participants rearrested for new charges, number of terminations, and total number of active participants in the proceeding month (see Appendix G for examples of a monthly report). Quarterly and yearly reports summarize monthly statistics, the process, and progress toward outlined objectives and performance indicators (see Appendix H for examples of quarterly reports). Up-to-date expenditure reports are maintained by the Administrative Office of the Courts. In addition, the funding agency requires financial reports made on a quarterly and annual basis. The Fayette Drug Court program has an automated data collection procedure and currently uses Excel.

Program Decision Making

There are many entities which contribute to decisions about the Drug Court program. The program is part of the Administrative Office of the Courts Drug Courts Division. Judges, the Commonwealth's and County attorneys, the Drug Court manager, and the Drug Court staff all contribute to decisions about the Drug Court program. In addition the Fayette Drug Court Committee, local government, local bar association, and participants also contribute to decision making.

Funding

The majority of the Drug Court funding comes from State appropriations and annual block grants. Along with State and federal funding, local support has been invaluable in the operation of the Fayette Drug Court program. County Attorney Margaret Kannensohn donated office space and utilities for the Drug Court center for over two years. Drug Court Judges volunteer their time to the program, taking the Drug Court cases in addition to their regular caseloads. Court sessions are conducted during normal lunch hours. Drug Court committee members donate their time. Neal Vaughan is a committee member and a member of the National Association of Drug Court Professionals Board of Directors. She has donated countless hours and money for emergency medical and housing needs of indigent program participants. It should be noted that since staff does most of the Drug Court treatment and other programming, the cost of treatment services is absorbed into the overall cost of the Drug Court program, therefore, less is spent on treatment. Currently, Drug Court clients do not pay fees for the Drug Court program. However, this may be changed in the future.

Evaluation

The Fayette Drug Court program has been in operation since 1996 and has a limited number of graduates due to the length of the program. Fayette Drug Court program is now currently planning the outcome evaluation. Data is currently planned to be collected for each client for three different time periods: (1) Drug Court entry; (2) exit from the Drug Court; and, (3) 12-month follow-up. The primary outcome variables will be from the ASI, these data would provide information concerning selected areas including health, mental health, relationships, drug use, and legal employment status. New arrests and charges from official record data will also be collected for program graduates for one year. File and court records will be used to track graduates. In addition, clients who are terminated from the program will be followed for one year after dropping out as part of the evaluation. For those clients who drop out, the only data that will be collected is re-arrests and new charges filed. Analysis will include analyses of variance (ANOVA's), linear regression, and logistic regression to examine variables related to program termination, program graduation, follow-up of graduates and controls, and characteristics of current clients. Program staff and Judges indicated they would like to use a control group of individuals who are similar to those who graduate from the program for comparison purposes. This control group has not been selected yet.

Major Problems Encountered

Problems reported since the program inception included: (1) coordination with other agencies; (2) limited staff with a growing client base; (3) difficulties in establishing a mechanism for fee collection; (4) limited space to accommodate client needs, and (5) the lack of a structured aftercare program.

Program Strengths

The strengths of the Drug Court program mentioned by administrators include: judicial supervision; intensive case management; treatment supervision; random urine drug testing; the range and consistency of sanctions, and evaluation.

Potential Program Changes

Improvements to the Drug Court program that were mentioned: adding exit interviews for graduates; improving the aftercare component; and improving the data collection and reporting system.

Advice to Other Drug Courts

The advice to other Drug Courts included: be flexible; hire qualified staff; establish good community relationships; initiate and maintain ongoing education and activities about the Drug Court program; include key community members from the beginning; the Judge must be dedicated to the Drug Court program; consistency and uniformity of program sanctions is necessary; and include urine drug testing in all phases.

Staff Characteristics

The Drug Court program has 8 staff members, 6 females and 2 males. Four of the staff are white, 3 are African-American, and 1 is Native American. Ages of staff range from 24 to 57 with the average age of 39. One staff member has 7 months experience with substance abuse treatment while one staff member has 12 years of experience in the substance abuse field. One staff member has been with the Drug Court program for 7 months and three have been with the Drug Court program for 23 months.

The normal, full time workload is 37.5 hours per week. The following Table represents staff roles that contribute to the Fayette Drug Court program. In addition to the primary roles outlined in the Table below, approximately 1% of all staff time is spent on training.

Table 6. Staff Roles

<i>STAFF FUNCTION OR POSITION & DEGREE</i>	<i>HOURS PER WEEK</i>	<i># OF STAFF WITH THAT JOB AND WORKLOAD</i>	<i>E=EMPLOYEE C=CONTRACT V=VOLUNTEER O=OTHER</i>	<i>PART DRUG COURT FUNDED</i>	<i>SECURITY (S) TREATMENT (T) ADMIN. (A) OTHER (O)</i>	<i>% TIME ON WHAT TASKS (PLEASE SPECIFY TASKS FOR EACH POSITION)</i>
Program Manager	37.5	1	E	100%	A	A-100%
Rehabilitation Counselor	37.5	1	E	100%	T, A	T-70% A-30%
Field Coordinator	37.5	1	E	100%	A, O	A-40% O-60%
Lead Case Specialist	37.5	1	E	100%	T,O	T-40% O-60%
Case Specialist	37.5	2.5	E	100%	T,O	T-15% O-85%
Administrative Assistant	37.5	1	E	100%	A	A-100%
Interns	20	1-2	O	N/A	T,O	T-50% O-45%
Comp Care Counselors	5	2	C	100%	T	T-100%
Physician	1 per month	1	C	100%	T	T-100%
Detention Center Staff	Urine Drops	1	C	100%	O	O-100%

The Table following presents agency tasks by staff position in more detail.

Table 7. Tasks by Staff Position

	<i>POSITION WITH PRIMARILY RESPONSIBILITY FOR</i>	<i>% OF TIME ON TASK</i>
Agency coordination	Rehabilitation counselor	50%
Information management	All staff	<5%
Case management	Case specialist	90%
Program monitoring	Manager	10%
Treatment	Case specialist/ rehabilitation counselor	90%
Program reviews	Manager	10%
Recommending modifications	All Staff	<5%
Referring	All Staff	20%
Assessment	Rehabilitation counselor	40%

The average number of clients for each full time staff is approximately 30 and for part-time staff is 25. In Phase I, staff spend about 3 hours per week with each client; in Phase II staff spend about 2 hours per week with each client; and in Phase III clients spend about 30-60 minutes with staff per week. Staff is shared among other Drug Courts when needed. For example, case specialists from Fayette Drug Court have gone to other programs to help with assessment/intakes. The Administrative Assistant for the Fayette Drug Court sometimes helps with ordering for other jurisdictions. Resource books and a rotating video library are shared among all of the Kentucky Drug Courts. Since the inception of the Drug Court program only two staff have left their positions, and both staff left the Drug Court program to attend school full time.

Staff Training. Staff are trained using the Administrative Office of the Courts personnel manual, a procedures manual, and by shadowing other case specialists. The training period lasts approximately 3 months for each new case specialist. The procedures manual includes a discussion of the program, entrance requirements, types of Drug Court referrals, intake logs, supervision, outline of program phases, sanctions, unsuccessful termination, future Drug Court eligibility, statistical reporting, and the majority of the necessary forms (see Appendix I). For the past two years, staff have attended the Kentucky School of Alcohol, Drug and Other Studies for Chemical Dependency education and training.

Interns. Usually at least 1 intern works with the Drug Court program each semester. Typically, interns are undergraduate and/or graduate social work students from the University of Kentucky. Interns work about 15 hours per week and generally do a project (e.g., put together a packet for life skills group and/or develop a curriculum for a group session). Interns are trained the same way that staff are trained, using the procedures manual as well as by shadowing a more experienced staff member.

Volunteers. The Fayette Drug Court has 1 volunteer that averages about 5 hours per week. This volunteer helps with graduation ceremonies, support groups with clients, staff appreciation dinners, and helps with employee interviews when necessary.

Judges. Currently, there are five Drug Court Judges in the Fayette Drug Court program. Judge Noble has worked with the Drug Court program for 23 months; Judge Isaac has been with the Drug Court program for 19 months; Judge Paisley has been with the Drug Court program for 17 months; Judge Ransdell has been with the Drug Court program for 9 months; and, Judge Keller has been with the Drug

Court program for 2 months. Other Judges refer participants to the program. Judges are trained in the Drug Court program by going to a number of Drug Court conferences and symposiums. In 1995, Judge Noble attended a State Justice Institute National Symposium on Implementation and Operation of Drug Courts. Judges have visited the Jefferson Drug Court to observe how that Drug Court is run. Judges also attend any other national conferences and participate in any other training that is available.

Oversight Committee/Advisory Board. The Drug Court program has an oversight committee with 29 members. The Judge who started the Drug Court program first chose the members. These members are key representatives of the community, and many were a part of the core team that planned the Fayette Drug Court. Many of the members have been to a Drug Court symposium; they have also participated in video conferencing concerning alternative sentencing options. Many members also go to various Drug Court training sessions. The committee has been crucial in forging partnerships among the Drug Court program, public agencies, and community based organizations to generate local support and enhance the Drug Court program implementation. Forming such partnerships expands the continuum of services available to Drug Court participants and informs the community about Drug Court concepts. Judge Mary Noble and State Senator Ernesto Scorsone are co-chairs and jointly lead the meetings based on agendas developed prior to the meeting.

Initially, meetings were held at least monthly. As the program has progressed and stabilized, meetings are held on a more informal basis at the Circuit Courthouse or the Drug Court office. Members of the Committee are:

Table 8. Advisory Board Members

Judge Mary Noble—Co-chair	Circuit Court
Senator Ernesto Scorsone—Co-chair	State Senator
Judge James Keller	Circuit Court
Judge Lewis Paisley	Circuit Court
Judge Sheila Isaac	Circuit Court
Judge Kevin Horne	District Judge
Judge Maria Ransdell	District Judge
Judge Larry Van Meter	District Judge
Representative Jesse Crenshaw	State Representative
Representative Kathy Stein	State Representative
Joe Barbieri	Director, Legal Aid
Sharon Christian	Assistant Director, Probation & Parole
Dave Cole	Private Consultant
Representative Jim Lovell	State Representative
Linda Johnson	Pretrial Services
Margaret Kannensohn	County Attorney
Ray Larson	Commonwealth's Attorney
Mike Malone	Assistant Commonwealth's Attorney
Laura Stammel	AOC Budget General Manager
Chief Larry Walsh	Chief, LFUCG Division of Police
Assistant Chief Bob Sewalls	Assistant Chief, LFUCG Division of Police
Sergeant Ron Compton	Police Liaison for Drug Court
Reverend Willis Polk	Community representative
Joe Toy	Director, Bluegrass MH/MR Board
Bob Walker	Director, Comprehensive Care
Neal Vaughan	Community representative
Ray Sabbatine	Director of Detention
Drexel Neal	Adult probation-misdemeanor level
Lisa Minton	Manager, AOC Kentucky Drug Courts

Community Agencies

Community organizations are utilized by the Drug Court program in a variety of ways including: public relations; planning; input from the community; and resource support. These community linkages provide a source of funding and help to generate positive perceptions about Drug Court's impact on the community. The Fayette Drug Court program has received substantial media attention. Since its inception, there have been several news articles specifically about the Fayette Drug Court (see Appendix B). This media coverage has been positive and helps promote the concept and acceptance of the Drug Court program in the community. A critical component of the Fayette Drug Court is its linkages with community resources. The following Table presents community organizations that have provided invaluable services to the Drug Court program and clients.

Table 9. Community Linkages

AGENCY
Local AA
Local NA
Comprehensive Care
God's Pantry
Operation Read
Adult Education Program
Mayor's Training Center
Ameri-Corp
Chamber of Commerce
Local Jail
Lyons Club
Division of Substance Abuse
Probation and Parole
Vocational Rehabilitation
YMCA
University of Kentucky
Adult Services
Fayette County Adult Education Program
Fayette County Health Department
The Carnegie Center for Adult Education
Black and Williams Center for Adult Education
Bill Jett's Counseling Center
Local Employers (e.g., UPS, Radisson)
Jessie Harris Psychological Center
Micro-City Government's Adult Services
Faith Communities (e.g., Southern Christian Church)

Increased collaboration efforts and sharing of information with community agencies, increased

public speaking engagements, and increased employment opportunities for Drug Court clients are all desired by the Fayette Drug Court program staff. Staff spend countless time and effort to increase and maintain these community collaborations.

Client Characteristics

As of June 30, 1998, the following number of clients have been admitted to the Drug Court program:

Table 10. Clients ever admitted to the Drug Court program by year

	Total number of admissions						Total	Months on which is based
	Males			Females				
	White	Black	Other	White	Black	Other		
Fiscal Year 1997	17	53	2	12	22		106	8/96-6/97
Fiscal Year 1998	31	50	2	12	20		114	7/97-6/98

The following Table summarizes client characteristics in the last full (completed) Fiscal Year:

Table 11. Client Characteristics

CHARACTERISTICS	Males	Females	Total/Average
Ethnic Background			
White	44	18	62
Black	91	41	132
Other	2	1	3
Age Groups			
Youngest	18	19	18
Oldest	62	48	62
Average age	30	34	32
Medical Status			
Pregnant (anytime in the program)	0	6	6
HIV Positive	1	0	1
Active AIDS	0	0	0
Hepatitis C	1	3	4
Other Programs			
Vocation training	80%	80%	80%
GED	56%	40%	48%
AA/NA	100%	100%	100%
Pre-program Employment			
Full-time employed (35 + hours)	36	10	46
Part-time employed	6	1	7
Seasonally employed	0	0	0

CHARACTERISTICS	Males	Females	Total
Current Employment Status			
Full-time employed	111*	35*	146*
Part-time employed	8*	6*	14*
Volunteer work/Community service	4	2	6
Currently in Education program	12	5	17
Currently in Trade school	2	0	2
Marital Status			
Married (Legal or common law)	35	8	43
Single (Never married)	81	40	121
Divorced/separated	17	7	24
Education			
Less than high school education	48*	26*	74*
HS graduate or GED (but not beyond)	63*	27*	90*
Education beyond high school	18*	6*	24*
Vocational or Trade School	6*	3*	9*
Past Living Status			
With spouse and/or children	29*	19*	48*
Alone	19*	15*	34*
With parents and/or other relatives	65*	36*	101*
Institutionalized	3	1	4
Homeless	3	0	3
Current Living Status			
With spouse and/or children	46*	23*	69*
Alone	27	9	36
With parents and/or other relatives	53	19	72
In residential substance abuse treatment	6	9	15
Children			
Total # of active clients who have children	67	47	114
# active clients currently without custody	0	0	0
# gained custody since entering the program	2	9	11
Average # years used drugs	11.9	8.9	10.4
Treatment History			
% Ever had treatment	42	21	62
Criminal Justice History			
Average # prior charges	3	4.5	3.8
Average # months ever spent incarcerated	17.2	8.2	12.7

*estimated values

As the Table indicates, current clients are 67% African American and 31% white. Also, clients are an average age of 32 with ages ranging from 18-62 years old. Approximately 57% of the clients have children, 22% are married and 61% had never been married. Before entering Drug Court, 23% were employed full-time and 4% were employed part-time; after Drug Court program 74% were working full-time.

Drug Court clients have used drugs an average of 10 years and approximately 60% of clients had been in prior treatment before entering Drug Court. Participants had an average of 4 prior charges and had spent an average of 13 months in jail/prison in their lifetime.

It is common for current clients to have had a history of the following kinds of charges: theft/property offenses, prescription drug fraud, drug possession, drug sales/trafficking (small quantities), parole/probation violations, and contempt of court charges. It is also common for Drug Court clients to have used alcohol, opiates/analgesics, sedatives/hypnotics/ tranquilizers, cocaine, crack, marijuana, and more than one substance before entering Drug Court. However, the following are the primary drug of choice or primary drug problem in descending order for all clients on average: crack, marijuana, alcohol, cocaine, opiates/analgesics, sedatives/hypnotics/tranquilizers, amphetamines, hallucinogens, over the counter drugs, barbiturates, heroin, methadone, and inhalants.

Overall descriptions and gender differences from ASI intake data were analyzed for all clients who were currently active (does not include graduates or clients who terminated) as of January 1998. (see Appendix J for a copy of the full ASI client data report); data indicated:

- There were 91 active clients as of January 1, 1998.
- The majority of active Drug Court clients were African American, never married, employed full or part-time, had no car available, lived with an adult partner or family member, and were, on average, 33 years old.
- 13% of the active clients reported health problems in the month preceding the interview.
- About 1 in 5 active clients reported ever being emotionally abused and almost 1 in 6 reported physical abuse in their lifetime.
- 40% of the active clients reported being depressed, almost half reported being anxious, about one-fifth reported having trouble understanding or concentrating and about one-fifth reported having suicidal thoughts in the month preceding the interview.
- Half of the active clients reported spending free time with their family, 30% with friends, and 19% reported spending their free time alone.
- Although only 13% of the active clients reported having conflict with family in the month preceding their interview, over half of the active clients reported having conflict with others in the month preceding the interview.
- Cocaine, including crack use, and multiple drug use, were the major drug problems for active clients.
- According to ASI data, most of the currently active Drug Court clients (71%) had been in a controlled environment in the preceding month, and just under half were on probation or parole at intake.

Differences Between Active Clients by Gender:

- Males (n=64) were younger, were more likely to own a home or live with someone who owned a home, were more likely to report having a car available, were more likely to be employed, and worked more days for pay in the month preceding the interview than females.
- Females (n=27) were more likely to report health problems in the month preceding the interview and that health was a concern compared to males.
- Females were more likely to report having experienced emotional, physical, and sexual abuse in their lifetime than males.
- Females were also more likely to report depression, anxiety, hallucinations, attempting suicide, trouble understanding/concentrating and taking medication for psychological problems in both their lifetime and in the month preceding the interview than males.
- Males were more likely to report having trouble controlling violent behavior in both their lifetime and in the month preceding the interview than females.
- Females were more troubled by social problems in the month preceding the interview than males, and were more likely than males to indicate that they wanted counseling for social problems.
- Males were more likely than females to report having ever used multiple substances while females were more likely to report having ever used cocaine.
- Alcohol was less of a problem for females than males.
- Although drug charges overall were the most prevalent charge, males were more likely to report disorderly conduct, driving while intoxicated, and “other charges” than females, while females were more likely to report shoplifting/vandalism, forgery, and prostitution than males.

Drug Court clients have a variety of special needs. Domestic violence, sexual abuse and child care were the most pressing needs. The following Table provides information about the special needs of Drug Court clients and referrals that are typically made to accommodate those needs.

Table 12. Client Needs

	% OF PARTICIPANTS REPORTING	COMMENT
Domestic violence	80% female- 50% male	Counseling/groups
Sexual abuse	30%	Referral when necessary—difficult to detect(based on self-report)
Child care	15%	Welfare to Work program/transitions program
Prenatal care	2%	Pride program
Dual diagnosis	2%	Comprehensive Care—contracted services available
Veterans	2% male	VA Hospital
Military		Reserves program partnership
Rape		Comprehensive Care/Rape Crisis Counseling

Graduates and Dropouts

Forty clients have graduated from the program, 43 have exited due to failure or misconduct, and 21 have absconded. The following Table describes the program exits by gender for the duration of the program as of June 30,1998. Of the participants who were in the program during Fiscal Year 1998 (see Table 11), twenty percent graduated and forty-seven percent were still active at the end of this period.

Table 13. Summary of Program Status for Fiscal Year 1998

	<i>MALES</i> N=134	<i>FEMALES</i> N=63	<i>TOTAL</i> N=197
Number of graduates	27	13	40 (20 %)
Number who terminated	31	12	43 (22%)
Number who absconded	13	8	21 (11%)
Number still active	63	30	93 (47%)

The Drug Court program takes a minimum of 12 months to complete and a maximum of 24 months to complete with an average of 18 months. The following Table describes the first group of Drug Court clients:

Table 14. First Cohort of Drug Court Clients

<i>Number admitted more than 18 months ago</i>	<i>MALES</i> N=39	<i>FEMALES</i> N=20	<i>TOTAL</i> N=59
Number of graduates	14	11	25 (42%)
Number exited for failure or misconduct	20	6	26 (44%)
Number who absconded	1	0	1 (2%)
Number still in program	4	3	7 (12%)

For the first group of Drug Court clients 42% graduated and 44% exited the program before graduation. According to Judges, staff and ASI data, differences between clients who graduated and clients who terminated were: age, time to serve, whether they have served any substantial amount of time in prison/jail previously, admitting they had an addiction problem, family support of addiction recovery, level of commitment, and intellectual and social functioning. In other words, those who dropped out of the program were young, had less time to serve than others or had previously served a substantial amount of time, believed they did not have an addiction problem, did not have family support to their maintaining sobriety, had a low level of commitment, or had a low level of intellectual and social functioning.

Differences between Drug Court program graduates and terminators as of January 1998 were also analyzed using the ASI intake data. It should be noted that this information does not include active clients (see Appendix J):

- Clients who terminated (n=58) were younger, had more employment problems, and were less likely to report having a car available than clients in the graduated group.
- Graduates (n=27) were more likely to report health problems in the month preceding the interview, to be taking medication for health problems, to be troubled by health problems, and to report wanting treatment for their health problems than the terminated group.
- Graduates were more likely to report experiencing psychological problems and depression in the month preceding the interview than those in the terminated group.
- Clients who graduated were more likely to indicate that they were troubled by psychological problems in the month preceding the interview and were more likely to indicate a desire for treatment for their psychological problems than clients who terminated from the Drug Court program.
- More graduates reported being satisfied with how they spent their free time than those who terminated from the program.
- Clients who terminated from the Drug Court program were more likely to report using multiple substances when compared with the graduates.
- Clients in the terminated group had more days on which they experienced drug problems in the month preceding the interview versus the graduated group.
- Clients in the terminated group were more likely to indicate they wanted treatment for their alcohol use compared to graduates.
- Clients in the terminated group spent an average of 15 weeks in the program while graduates spent an average of 52 weeks in the program.

Case Studies

This section presents two client case studies. One of the clients succeeded to graduation and the other terminated from the Drug Court program. Names have been changed to protect client confidentiality.

Case 1. Jane, a 25 year old single, black female, came to Drug Court initially charged with Trafficking in a Controlled Substance, Cocaine, 1st offense, amended to Possession of a Controlled Substance. She was sentenced to a maximum term of 5 years and was probated for 5 years on the condition that she successfully complete the Drug Court program. Jane had no prior record as an adult or a juvenile.

Jane's early childhood years were turbulent. She has 3 brothers and one sister, her parents never married. Her mother suffered from mental illness and was hospitalized several times for psychiatric treatment. Her mother exhibited bizarre behaviors and could not care for her children. At the age of 6 Jane went to live with a maternal aunt. This was a more stable living situation. She remained there until the age of 16. At that time, she returned to her mother's home. She completed the 12th grade and was 2 credits away from earning her high school diploma.

At the time of her admission to Drug Court, Jane had 3 children, all by different fathers. The two older children were removed from her custody in 1993 following the birth of her second child, who was born cocaine addicted. The children were returned about 4 months later, but Jane continued to have contact with Social Services. The children were again removed from her custody, after allegations of abuse and neglect. Their social worker suspected drug use, but had no proof at that time. Jane denied any drug use. Jane was pregnant with her third child at this time. Jane's third child was also born cocaine addicted and was also placed in foster care.

Jane was arrested for Trafficking in Cocaine two months after her third child was born. She was released on bond from custody, but was placed back in custody two weeks later due to a positive urine screen for cocaine. After entering a guilty plea to the amended charge of Possession of Cocaine, she was referred to Drug Court for assessment.

During the assessment, Jane admitted current problems with crack cocaine, and prior problems with alcohol and marijuana. She stated she began smoking crack about 3 years earlier, while pregnant with her second child. She stated during the last months of her pregnancy she was smoking on a daily basis. She indicated she stopped smoking for about 4 months after the delivery, but started again and had been smoking at least every other day, many times daily, since. She also stated she first started using alcohol and marijuana on a regular basis at the age of 14, and by the age of 17 was smoking and drinking on a daily basis, until she started smoking crack. Since she began smoking crack, she had almost stopped using the other substances. She denied any history of physical or sexual abuse, but did State that there was emotional abuse in the home while she lived with her mother because of her mother's mental illness.

Upon admission to the program, Jane was referred to the PRIDE Program. Coordinated efforts were made with Social Services to work toward family reunification. Jane found full-time employment and was released from custody. Within a week of her release, Jane had 2 positive urine screens. She admitted to smoking crack and stated that she needed more help to stop using. She was placed back in jail and was referred to inpatient treatment. She completed a 28 day inpatient treatment program and was

placed on the Chrysalis House waiting list. She was living at the Salvation Army Way House Program until a bed became available at Chrysalis. During her time at the Salvation Army, she relapsed again and was placed back in jail with work release until she was admitted to the Chrysalis House. After admission, she continued to work, was referred to the Department of Vocational Rehabilitation to continue her education and was granted overnight visitation of her children. She earned her high school diploma, was granted permanent custody of her children, and enrolled in Lexington Community College, where she continued to attend classes.

After several months Jane informed program staff that she was pregnant again. She elected to have and keep the baby and stay in the Chrysalis House Family Program for an extended stay. Jane gave birth to her fourth child, which was the first of her four children that was born drug free.

Jane graduated from the Drug Court Program several months later. At that time, she had custody of all of her children, continued to live at the Chrysalis House, was working part-time, attending community college classes part-time, and had paid all of her fines and court costs. She has plans for independent living.

Case 2. Joe, a 37 year old divorced black male, entered the Drug Court program following a probation violation for Flagrant Non-Support. He entered a guilty plea to the charge and was sentenced to one year and was probated for five years on the condition that he make child support payments and begin paying on the arrearage. He was originally ordered to pay child support, but had made no payments since that time. Several months later, Joe was arrested on the probation violation. In lieu of revocation, he was referred to Drug Court.

Joe was born and raised in Fayette County. He is the youngest of four children. His parents divorced when he was young and he did not have much contact with his natural father after their divorce and reported being raised by his mother and step-father in a lower-middle class home where both parents worked. He reports this was a stable environment with no abuse or neglect or use of illicit substances. Joe graduated from high school and continued his education at Eastern Kentucky University on a basketball scholarship. He did not receive a degree. He was also cut from the basketball team during his sophomore year. He fathered his first child shortly after leaving college but did not marry this child's mother, and she did not seek child support. Following this breakup, he fathered a second child, and again, did not marry the mother. However, he was court ordered to pay child support for this child. Joe married at the age of 28. One child was born into this marriage which lasted for 3 years. After the divorce, Joe was ordered to pay child support, which resulted in a Non-Support charge. Following this divorce, Joe fathered another child. He and the mother still live together. Joe was charged with another non-support charge after entering Drug Court. This charge was transferred to Drug Court.

Despite his not paying child support, Joe has been able to get and keep good jobs. He is a talented painter and has skills in construction. According to records, he has always made a good income. At the time of the arrest, he had no criminal history other than a misdemeanor child support charge in 1991. He pled guilty to the charge and was placed on probation, but violated that probation sentence and served 6 months for failure to comply.

During the Drug Court assessment, Joe admitted to a long history of alcohol, marijuana and powder

cocaine abuse. He stated he started drinking at the age of 15 on a regular basis. He stated he had brief periods of abstinence, but had continued to drink regularly over the years. He stated he started smoking marijuana “off and on” when in college. During that time he also started snorting powder cocaine which he preferred over marijuana. He stated he only smoked marijuana when cocaine was hard to find or he couldn’t afford to buy it. Joe first went into inpatient substance abuse treatment shortly after leaving college and stayed abstinent for a few months before beginning to use again after the death of his sister and niece in a car accident. He stated he was very close to his sister and could not cope with her death without the use of substances. Over the next 4 years, he was using alcohol and cocaine almost daily. He went back into treatment and was able to stay abstinent for over a year when a nephew was shot and killed. The death was ruled a suicide and he again started using alcohol and cocaine. He stated that he can stay sober when his life is “O.K.”, but when he experiences grief, he relapses.

Joe was admitted to the Drug Court Program as one of the first participants. After obtaining employment, he was released from jail. A wage assignment through the County Attorney’s Office was put into place to pay current child support and arrearage. A referral was also made for Joe to see a therapist to deal with grief issues.

Joe had his first positive urine screen for cocaine within weeks of entering the program. He denied use, stating that he had taken a Tylenol 3 for pain, and that must have caused the positive screen. Shortly after he was confronted, his girlfriend and daughter came to the office and stated they knew he had used and reported to Drug Court staff that Joe was a “chronic liar”. On his next Drug Court appearance, Joe did admit the use and was placed in custody with work release.

After serving 2 weeks for the positive, Joe did very well in the program. He had progressed to Phase II and was getting close to Phase III. However, he lost his job and found out that his step-father was terminally ill. He again fell behind in child support payments. He attempted to start his own painting business, and a wage assignment was not possible. After more than 60 days of non-payment, he was told he had to get a job where he could pay wage assignment. After that time, he had several jobs. However every time a wage assignment would go into place, he would leave one job for another. After several months, he was told by the Drug Court Judge he had to have a stable employment situation, or risk being terminated from the program. During that time, he continued to attend groups and meetings, to participate in the grief counseling, and to see the Drug Court Rehabilitation Counselor for individual counseling sessions on a weekly basis. He was staying clean.

However, within four months, Joe began missing urine screens and groups. He served several weeks in jail for sanctions, with work release and was placed back in Phase II. Following his release from custody, he again had another positive urine screen, which he again denied. He served this sanction in custody.

He did well for the next three months when he experienced a minor work related injury. He falsified medical information after again missing several groups and urine screens with another positive screen. In November he was referred to inpatient treatment at the Schwartz Center. After having been there only 2 weeks, he was asked to leave due to accusations of having a sexual relationship with a female resident, which he denied. He was placed back in Phase I. He continued to receive individual counseling, grief counseling and attend groups and meetings.

Two months later it was reported to Drug Court staff that he had tampered with at least 2 urine drops by forging the initials of staff at the drop center and placing the labels on urine he had brought into the drop site. When confronted with this information, he denied it. Joe absconded from the program after this incident. He was arrested a short time later on a warrant issued by the Drug Court Judge and terminated from the program. He is currently serving his sentence in the State penitentiary.

Perceptions

Judge Perceptions

Five Judges are currently involved in the Fayette Drug Court program. Experience ranges from 1.5 years to 30 years on the Bench and involvement in the Drug Court program ranges between the five Judges from 2 months to 2 years. All of the five Judges agreed that the local judicial system has taken on a different role by implementing the Drug Court program—a rehabilitative role. The Drug Court program provides an alternative for drug offenders. Also, the Judges involved in the Drug Court program have increased caseloads. This means that they work through lunch hours to accommodate program clients and work additional hours reviewing Drug Court client cases.

Judges are trained in the Drug Court program by going to a number of Drug Court conferences and symposiums. In 1995, Judge Noble attended a State Justice Institute National Symposium on Implementation and Operation of Drug Courts. Judges have also visited the Jefferson Drug Court to observe how that Drug Court is run. Judges also go to any other national conferences and participate in any other training that is available.

All of the Judges agreed that Drug Court has saved the public resources by reducing crime, keeping families together, and cutting incarceration costs. In addition, Drug Court clients are required to make child support payments and payment for other court related fees. Most of the Judges agree that at least 25-50% of the clients had been in previous treatment. The Judges indicated that the most important differences between previous treatment programs and the Drug Court program are the sanctions clients must face if they do not choose to participate in the Drug Court program. The sanctions serve as motivators for compliance with Drug Court policy. Many of the clients involved with Drug Court have not learned the connection between behavior and consequences. The sanctions imposed give the clients immediate consequences for their behavior. The Drug Court also focuses on other aspects of clients' lives, i.e., the whole person is treated through the Drug Court program. The focus on the individual, coupled with the required level of responsibility and judicial supervision facilitate and contribute to the effectiveness of the Drug Court program.

Clients find out about the program from the street or while they are in jail (i.e., word of mouth), through their lawyers, ministers and social agencies, and through Judges. Judges believe that clients *enter* the Drug Court program primarily to avoid jail/prison time but also to address their drug addiction. Judges indicated that clients *remain* in the program primarily to avoid jail/prison time and also because they have achieved a sense of accomplishment; and they have jobs, they are healthier, they are getting individual and positive attention and building a support network or a community with staff support and the support of the other clients. In essence, clients gain a sense of belonging. They also begin to realize that not using drugs is a choice they have, they begin to believe in themselves, and are hopeful about maintaining sobriety.

Judges indicated that clients would be extremely likely to fail if the program offered only drug testing and court hearings without treatment or if they appeared before the Judge less often or not at all. Judges also indicated the program would be more likely to fail if clients saw a different Judge each time they came to court. The personal relationship with the Judge is a critical component of the program. One of the Judges indicated that the paternal attention clients are given makes a big difference, and that for some clients, the kind of individual and positive attention they receive in the Drug Court program is

nothing like they have ever had before in their lives. Judges also separate the sanctioning process from staff, leaving the staff to focus on support for client success.

Judges indicated that the Drug Court rules and the sanctioning process are extremely clear to clients and that consistency is critical. Judges all agreed that the Drug Court program length is the right amount of time for clients and the amount of drug testing in each of the phases was adequate. In addition, the Drug Court program is individualized and the program can take as long or as short as the individual desires within the established phases. However, success is relative. In other words, a dirty urine at some point during the program does not necessarily mean failure. If a person has been abstinent for three months that is most likely to be three months longer than before they entered the program. Thus, in relative terms, that person has been successful, and that success cannot be overlooked. This view of success is consistent with the perspective of the program treating the whole person. In other words, relapse is part of that process.

When clients are sanctioned, they continue their treatment program and work release which helps to continue their program involvement. Most of the Judges indicated that swift and consistent sanctions were critical and necessary for program success. Also, when an individual is sanctioned, it can serve as a reminder to other clients about what will happen if they choose not to follow the rules. Sanctions are only used as a program tool; clients are free to choose to follow through with each component of the program, including the sanctions. In other words, when clients are sanctioned to jail time, they report to the jail at the agreed upon time and this program only works as long as the client wants the program to work.

Judges also indicated the reward process was equally important. One judge noted that the rewards may seem “corny,” but that the clients in the Drug Court program are not accustomed to receiving awards and praise from authority figures. Rewards such as phase promotion, graduation, and the chance to get charges dropped are very important. However, little things like allowing clients to earn vacation time, or letting them go out of town, their own satisfaction for doing the right thing, their abstinence, applause and approval are also important rewards that are utilized in the Drug Court program.

Situations mentioned as triggering relapse included: (1) Separation anxiety in Phase III; (2) About halfway through Phase II; (3) At the beginning of Phase I; (4) Personal crises; (5) Being in the same place and with the same people they were using with before; (6) Spite—getting angry at the Judge or staff, and, (7) Stress. However, one of the Judges pointed out that relapse triggers can be a good thing—if clients experience triggers while they are in the Drug Court program, they have the support to learn how to work through those issues without using drugs.

Services that Judges would like to see the program involved with included: residential/inpatient treatment facility for the detox phase that only treated Drug Court clients; a halfway house with work release; initial housing to get the clients out of their past living environment for the first 30 days of the program followed by a halfway house (especially for women with children); more emphasis on women’s issues; a specific staff coordinator with a primary focus on locating jobs for clients; and aftercare with monitoring. The Drug Court program impacts a variety of relationships for clients, especially family relationships. Judges also indicated that clients most need to change people, places and things in their environment in order to successfully complete the Drug Court program. Clients need to begin to see themselves as regular people, people who have jobs, instead of street people.

Judges agreed that aftercare is an important program component. They indicated that clients should attend meetings and/or refresher courses as part of aftercare.

The most difficult parts of the program for clients are: (1) Time management/managing multiple tasks especially for those who have life skills difficulty; (2) The structured environment of the program can be difficult for clients who are not used to structure in their lives; and, (3) Writing the book reports. The strengths mentioned by Judges included: (1) Urine screens; (2) Treatment to give the clients coping skills; (3) The sense of community; (4) Self-worth the program helps instill; (5) Sanctions; (6) Staff dedication and level of genuine concern for clients; (7) Level of required responsibility; (8) The role of the Judge/Judicial supervision; (9) The client to staff ratio which allows for individualized attention; (10) Program intensity and comprehensiveness—the program keeps clients very busy. Also, one Judge indicated that defendants are made aware that the court is going to be involved; involved and responsive and responsible within reasonable bounds. Changes or improvements to the Drug Court program, according to Judges included: (1) Wider referral system and network; (2) More computerized record keeping with direct links to records; (3) Better aftercare; (4) Adding a housing program; and (5) More research to clarify the selection process and to identify what components need to be changed.

Problems during the start up of the program included the acceptance of the Drug Court program and involvement of Judges in referring appropriate clients. Education has been the biggest help in overcoming the acceptance issue. Other problems include getting people from the jail to the courthouse. This issue is primarily due to timing, since the jail had several other things going on at the same time. This problem was overcome by giving clients currently in jail passes to get from the jail to the courthouse. Another problem was getting referral and transfer forms completed in a timely fashion. This issue was resolved when a specific person was assigned to complete the paper work for the Drug Court.

Judges indicated the following advice for new Drug Court programs: (1) Think out of the traditional court box; (2) Stick with the criteria for admissions and don't make exceptions to the program; (3) Staff are critical; make sure the Judge is understanding and defers to staff. It is critical the Judge collaborate with staff; (4) Don't start the program until all the key players are on board; (5) Be licensed to be an in-house treatment facility and closely monitor treatment quality; and, (6) Be consistent in ordering sanctions.

Judges also indicated that success of the Drug Court program can be evaluated by (1) The change in clients lives; (2) New charges; and (3) Legal employment status/income at follow-up.

Staff Perceptions

All of the Drug Court staff, except the Drug Court manager, filled out individual anonymous surveys about the Drug Court program. Staff indicated that clients had been in previous treatment approximately 1.2 times before (range from 1 to 1.5 times). Staff reported the following were important differences between previous treatment programs and the Drug Court program: (1) Supervision provided by the Judge; (2) Frequency of urinalysis; (3) The possibility of sanctions being immediately imposed for noncompliance; (4) Frequency of counseling sessions; (5) The focus of the Drug Court program on other aspects of life; and, (6) Frequency of court status hearings.

Staff indicated that clients learn about the Drug Court program a variety of ways including: attorney/legal aid; in jail; Judges; Drug Court staff; friends; on the street; media; and private therapists. The most important reasons Drug Court clients *entered* the program, according to staff, were: (1) To avoid going to jail; (2) The chance to get back with their family or live a normal life; (3) Getting charges dropped or probation shortened; and, (4) Treatment/education opportunities. Staff also reported the most important reasons for *remaining* in the Drug Court program were: (1) Avoiding jail; (2) Sanctions and urine drops; (3) Employment opportunities; and, (4) Child custody issues.

When clients enter the program, staff indicated they believed clients understand program rules and that the rules are very clear. They also believed that the Drug Court program takes just the right amount of time to complete. When asked about the frequency of drug testing in each phase of the program, staff indicated the drug testing in Phase I & II was just the right, while the drug testing in Phase III was not often enough. Staff indicated that the Drug Court program has helped clients in the following areas: substance use; employment; relationships; court procedures; physical health; living conditions; education; mental health; and spiritual development. Staff also indicated they believed clients would be likely or extremely likely to drop out of the program if they didn't appear before a Judge, if the program provided drug testing and court hearing but no treatment, and if clients appeared before different Judges over the course of the program instead of the same Judge.

Staff reported situations that may trigger relapse for clients included movement to another phase, release from the program, treatment discharge, pending graduation, significant relationship problems, family/personal problems, and personal crises. Relapse is expected but not condoned. All positive urines are sanctioned but clients are not terminated based solely on positive urines.

Staff also believed that aftercare services would be very important to clients and that clients should be involved in these services, although involvement in aftercare services would depend on whether the Judge ordered it as part of their conditional discharge.

Staff indicated as noted in Table 15 that drug testing, drug treatment, drug education, sanctions, and other program components were important or extremely important.

Table 15. Staff Perceptions about the Importance of Program Components

PROGRAM COMPONENT	MEAN*
Drug testing	5.0
Drug treatment	5.0
Drug education	5.0
Sanctions for noncompliance	5.0
Employment requirement	4.9
Health referrals	4.9
Rewards for compliance	4.7
Individual counseling	4.7
Individual treatment/program plans	4.7
Housing requirement	4.6
Family counseling	4.6
Court sessions	4.6
Review of progress	4.6
Fee payment requirements	4.3
Journal assignments	4.3
Mentoring	4.0
Community	4.0
Book report assignments	3.7

*1=Extremely unimportant 2=Unimportant 3=Not sure 4=Important 5=Extremely important

Staff also indicated there were other services they believed clients would benefit from, but were not currently offered in the Drug Court program including family education, childcare, more transportation and emergency funds. Staff believed the most difficult aspects of the Drug Court program for clients are: (1) Understanding that Drug Court allows participants to have setbacks but that the program is a condition of probation and if they fail at Drug Court they go back to prison; (2) Initially maintaining employment; (3) Establishing a routine; (4) Difficulty maintaining their focus and concentration on new life skills and being more responsible than any time in their lives; (5) Jail sanctions; (6) Changing people, places, things; and, (7) Getting everywhere on time.

Most of the staff indicated they had received program feedback from clients. The majority of the feedback they have received is positive and enthusiastic. They were also told that the program needed to be longer; that aftercare is needed and Phase III should have more drug testing. Things that staff believed were most helpful or that were strengths of the Drug Court program included: (1) Consistency with sanctions and rules; (2) The sanctioning process is a critical component of the program; (3) The role of the Judge in the program; (4) The treatment/education component; (5) The support of the staff and clients; (6) The program structure; and, (7) The intensive case management clients receive.

Staff believed the following things need to be changed or improved: (1) Increase family sessions and involvement; (2) Hire more staff for aftercare; (3) Incorporate more focus on relapse prevention; and, (4) Include more fieldwork by case specialists.

Client Perceptions

Twenty-two randomly selected active clients completed a survey to provide feedback about the Drug Court program. These twenty-two clients made up 11 percent of the total active clients in fiscal year 1998. Thirty-six percent of the respondents were female and 64% were male and they were, on average, 34 years old (ranging from 21-53). Fifty percent were white, 46% were African-American, and 5% were other. Survey participants had been in Drug Court, on average 8 months (ranged from 0-20 months, and 9% were in Phase I, 55% were in Phase II, and 32% were in Phase III. Also, 16 clients indicated they had received sanctions and 6 indicated they had not received sanctions since beginning the Drug Court program.

When participants were asked what the main substance was that led to their problem: crack and marijuana were listed most frequently, then alcohol, other opiates/analgesics, and cocaine. Five participants indicated they had a moderate problem and 16 of the participants indicated they had a heavy substance abuse problem before entering the Drug Court program. Only one participant indicated they believed their problem with substance use was light before entering the Drug Court program.

Fifty percent of the clients who filled out the survey indicated they had been in treatment before entering the Drug Court program and 50% indicated they had not been in treatment before. Seventy-three percent of those who reported having been in treatment, had been in treatment but not AA/NA.

Clients indicated they believed the Drug Court program rules were extremely clear. They also indicated they definitely understood the sanctioning process.

Clients indicated the most important reason they entered the Drug Court program was the chance not to go to jail and the frequency of urinalysis testing as the least important reason.

Table 16. Reasons Drug Court Clients Entered the Program

REASON	MEAN *
The chance not to go to jail	4.9
The chance to live a normal life	4.9
The chance to get treatment for drug problems	4.8
The chance to get back with family	4.7
The chance to get back or keep custody of kids	4.5
The chance to have charges dropped	4.4
The chance to have probation shortened	4.4
The chance to keep their job	4.3
The education opportunities	4.1
The job placement opportunities	3.9
The focus and content of counseling sessions	3.9
The frequency of urinalysis testing	3.8

*1=Extremely unimportant 2=Unimportant 3=Not sure 4=Important 5=Extremely important

Participants indicated they believed that each component of the program was explained very well to them when they entered the program. They also indicated that the Drug Court program takes just the right amount of time and drug testing in each of the phases is also just the right amount. Clients also indicated

they were satisfied or very satisfied with their overall individual plan, their evaluation process, their progress in the program, punishments and rewards used in the program, and the degree to which their legal rights were protected.

All of the participants indicated that the program had met their needs. However, six indicated there were services they would like to be involved with or to have that they were not currently receiving including: aftercare, GED, ongoing outpatient visits with a counselor, training, and vocational rehabilitation.

Clients rated the importance of specific program components which ranged from drug treatment as the highest and book reports as the lowest as indicated in Table 17 below:

Table 17. Client Perceptions about the Importance of Program Components

PROGRAM COMPONENT	MEAN *
Drug treatment	4.9
Employment requirement	4.7
Drug education	4.7
Drug testing	4.6
Individual counseling	4.4
Individual treatment/program plans	4.5
Review of progress	4.5
Court sessions	4.4
Sanctions for noncompliance	4.3
Rewards for compliance	4.1
Health referrals	4.0
Good deed requirement	4.0
Housing requirement	4.0
Family counseling	3.9
Fee payment requirements	3.9
Mentoring	3.7
Community service	3.6
Physical exercise requirement	3.5
Journal assignments	3.4
Book report assignments	3.3

*1=Extremely unimportant 2=Unimportant 3=Not sure 4=Important 5=Extremely important

Clients indicated the following reasons were important for remaining in the program which ranged from avoiding jail to the chance to get and keep custody of their kids:

Table 18. Reasons Clients Remain in the Program

REASON	MEAN *
To avoid jail	4.9
To keep a job	4.5
Possibility of sanctions for not complying	4.4
Educational opportunities	4.3
Frequency of urinalysis testing	4.3
Job placement opportunities	4.0
Opportunity to talk with the Judge	4.0
Frequency of counseling sessions	3.9
Focus and content of counseling sessions	3.7
The chance to get back or keep custody of kids	3.5

*1=Extremely unimportant 2=Unimportant 3=Not Sure 4=Important 5=Extremely important

In addition, clients reported they stayed in the program to get their self-esteem back and to stay clean. Clients indicated that they believe both the Drug Court Judge and staff:

- Cared about them
- Had time for them
- Explain things clearly
- Know what they are talking about
- Made good referrals
- Were responsive to meeting their needs
- Were helpful with their individual plan
- Were fair in their evaluation of progress
- Were helpful when their progress is evaluated

Clients also indicated they had a good relationship with Drug Court staff and Judge. In addition, they reported they were close to their group counselors, they felt they could be open with group counselors, they felt close to the other group members, the group sessions cover topics of interest to them, they learn a lot in group sessions, and that they had the chance to be heard in group sessions. Clients also indicated that the most important rewards given in the Drug Court program are promotion to the next phase, judicial praise, and reduction in the frequency of court hearings and urine drops. They also indicated the most important sanctions were jail time, demotion to a lower phase, and increased court hearings and urine drops.

Clients indicated their relationships with their children, significant partner, parents, siblings, other family, friends, and neighbors have all improved since entering the program. They also said that the program has changed the way they think about drug use, physical health, friends they spend time with, employment, living conditions, marital status, how they spend their free time, education, and honesty. They also indicated that the Drug Court program helped them with their substance use, relationships,

employment, living conditions, court procedures, education, mental health, physical health, and spiritual development.

Eight participants indicated they were aware of aftercare services provided by the Drug Court and 14 were not. Clients also indicated they were not sure how involved they would be in aftercare or how important aftercare services would be for them. However, they did indicate that they would be most likely to participate in relapse prevention and AA/NA as part of an aftercare program and would be least likely to be involved in a newsletter or an alumni group.

Approximately half of the clients surveyed indicated they had given Drug Court staff feedback about the program including: (1) An aftercare component is needed; (2) The program works if you apply yourself; and, (3) The Drug Court program is a great program. Specific comments from clients were “Drug Court really helps give a second chance;” “Very helpful, if not for the program I would be dead now;” “Very pleased with the program;” “Learned and changed a lot, its been wonderful.”

Clients indicated the most difficult part of the program for them included:

- “Jail time.”
- “Traveling to meetings and court appearances,” “Finding time to do homework,” “In phase I it was difficult to make the court sessions due to employer,” “It has so much for you to do that I can’t get too much in my life done,” “Keeping pace with book reports and journal entries,” “Making all the meetings, getting all the stuff done,” “NA meetings twice a week and trying to work.”
- “Employment process.”
- “Drug drops on Saturday,” “Going to drop when you don’t have a ride.”
- “Staff not believing you,” “Anxiety associated with court dates (false dirties).”
- “Not using drugs,” “Phase I withdrawal,” “Initial detox period,” “Seeing people revoked for drug usage and knowing personal family problems were the reason for addiction,” “Staying clean.”

The best things about the program clients mentioned included the following themes and examples:

- Rewards—“Being praised for doing well,” “Recognition of the good things clients are doing.”
- Drug Court Staff—“Drug Court staff are the best,” “There is always someone to go to with a problem,” “Being able to talk openly to others,” “Case worker meetings,” “Staff,” “Staff really care about you,” “Concern of the staff,” “Staff and Judge pushing me to get a job and try harder,” “The Judges personable exchange at court hearings,” “The way the program is run.”
- Second Chance—“Gave me a chance to be released from prison,” “If you do right, you stay out of jail,” “Getting charges dropped,” “Possibly getting my record changed.”
- The program—“Getting through Phase I,” “Goals,” “Groups,” “Referrals,” “Court dates,” “Monitoring by the staff and Judge,” “Seeing the Judge,” “Vocational rehabilitation opportunities,” “Journaling,” “Meeting in court with other Drug Court participants,” “Sanctions,” “Accountability,” “Drops,” “AA/NA meeting requirements,” “Possibility of going back to school-paid for,” “Promotion through phases as a reward for success,” “Length of time of the program.”
- Self-esteem—“It makes me feel good about myself,” “Keeps me focused,” “Prepared me for college,” “Keeping a job,” “Able to pay bills,” “Being drug free,” “I got my life back,” “Made it possible to return to school.”

- Treatment—“Keeping clean,” “Living without drugs,” “You get to learn how drugs affect you,” “They keep you clean,” “Heaven sent,” “Gives people a second chance.”

Changes clients indicated they would like for the Drug Court program included the following themes: drug testing, program duration, program capacity, homework assignments, employment requirement, sessions, aftercare, staff, sanctions, and miscellaneous comments:

- Drug Testing—“Drug testing when you know you are clean,” “Not so many drops,” “Dropping every other day,” “Validity of drug testing,” “Need to change the recorded message for drug drops because it is unclear.”
- Program Duration—“Shorter Phase II,” “A shorter Phase III,” “It takes time,” “The program is too long,” “Waiting too long to get into the program,” “Graduations closer together,” “Court at least every 1 or 2 weeks,” “Go to court once a month,” “Going to court all the time,” “Less mandatory groups,” “More availability of groups,” “Too many meetings,” “Flexible term based on compliance with the program, this would allow more people to use the program for their needs, monitor people who are not having problems, and use resources for those who are.”
- Program Capacity—“More funding and more staff,” “More counselors,” “Bigger, more spacious office,” “Space for the group sessions.”
- Homework—“Eliminate book reports,” “Homework assignments (book reports/journaling),” “Journals,” “Use different homework methods.”
- Employment—“Calling the job to check on progress,” “Cut down community service while looking for a job.”
- Changes in Sessions—“Group therapy stresses 12 step program exclusively,” “More knowledge given regarding aftercare program,” “AA/NA requirements,” “Should be allowed to choose from a list of times for court dates/meetings,” “Should be changes in meetings,” “Monthly social gathers as opposed to just groups,” “More early morning or late night group times,” “Group therapy tends to be disorganized and unstructured.”
- Aftercare—“They are good at dealing with drug use now,” “But need more individuals focus on relapse, what to do when you get out.”
- Staff—“More one on one,” “More one on one time with case worker,” “Private sessions with the Judge if needed,” “More feedback from staff on progress, not just at court.”
- Sanctions—“More understanding of each case in deciding sanctions,” “Change jail time from 2 weeks to 48 hours for dirty consequences,” “More community service instead of jail time for missed drops and dirty drops,” “Should be more lenient on some things.”
- Other—“More detail about what happens to charges when finished,” “Flexibility where earned and appropriate,” “Fees should be applied to those that make phase,” “Focus more on underlying factors associated with drug use.”

Final comments from clients also included “Thank you; Drug Court has been the best thing that has ever happened to me, whether I agree with things or not,” “I thank Drug Court for making my life better,” “Excellent opportunity to change my life,” “Has been a blessing in my life,” “If it wasn’t for Drug Court, I would be in prison for a long time and I would not get help for my problem,” “If you work the program it can really work for you.” “A true second chance,” “It is motivating to see what it is doing for others,” “They push hard but that is good,” “Provides chances that were unavailable previously,” “Wish this was available a long time ago,” “Gives people a lot of chances they didn’t have before...lets people know there is help.”

Treatment Program Perceptions

Representatives from the following treatment facilities completed a survey;

Table 19. Participating Treatment Facilities

Treatment Facility	# of DC Clients Currently Served
Schwartz Center	2
Chrysalis House	2
Comprehensive Care	4
Corbin Independence House	1
Hope Center	1
PRIDE program	2
Shepherd's House	0
Volta	0
Chrysalis Apartment Communities	1
Salvation Army Way House Recovery Program	9

Five of the agencies began working with Drug Court clients in 1996 and five began working with Drug Court clients in 1997. Twenty-two clients were receiving treatment services at the facilities at the time of the survey. There were a total of 7 clients in 1996 who were served by one or more of the agencies; 47 in 1997; and 54 in 1998.

The Salvation Army indicated services they provided to the Drug Court clients had changed since they first began working with clients. Intake and assessment had changed to incorporate more of an open door to Drug Court clients and that they were providing better services. The Salvation Army also indicated that one staff member worked solely with the Drug Court program. All of the other programs indicated staff worked with both clients who were in Drug Court and clients who were in other programs.

Drug Court clients made up between 5-20% of surveyed counselors caseloads (average 12%) and between 0-9% (average 3%) of the supervisors caseload across all of the treatment facilities.

The Drug Court program had impacted three of the treatment program training/orientation and policies and procedures, which has resulted in increased awareness of court referred clients. In addition, several staff had attended Drug Court sessions and Drug Court training. Respondents indicated that procedures were changed so that a client could follow the Drug Court policies and procedures. Assessment and intake procedures were revised to include more comprehensive legal and psychosocial information. The treatment agencies used a variety of instruments to assess clients at intake including the ASI; Michigan Alcoholism Screen Test; Drug Offender Profile Index; and their own instruments. They also indicated using the instruments for a variety of reasons including needs assessment, risk assessment, diagnosis, and measuring change.

Most of the treatment programs indicated they formulated the client treatment plan on an individualized basis—based on client need, literacy, and client and counselor input. Several of the programs indicated there were waiting periods that ranged from 1 to 28 days. About half of the programs indicated that they provide transportation in an emergency and about half indicated clients needed to arrange child care services on their own.

Just over half of the respondents indicated they provided aftercare services including meetings, checking on the client through the Drug Court program; referrals, halfway programs, and relapse prevention.

Respondents indicated that between 10-70% of clients referred to them were depressed, 10% bipolar, and 10-30% had anxiety disorders. Also, they indicated Drug Court clients had antisocial personality disorders.

Ten of the respondents indicated they did random urine screens independent of the drug testing done through the Drug Court program.

Respondents indicated fees are paid by the client, the Drug Court program, or through a State grant/subsidiary.

Most of the programs indicated they provided reports, either verbal and/or written, regarding clients on either a regular or as needed basis. Drug Court staff and Judges both receive reports regarding clients.

Respondents indicated the Drug Court program has impacted their office: (1) by strengthening their relationship with legal/judicial agencies; (2) by increasing the amount of time required for monitoring and reporting about Drug Court clients; (3) by the inability to make appropriate referrals for clients due to legal obligations; and (4) increased training they have attended.

Additional costs were incurred due to the Drug Court program because: (1) there is increased contact maintained with Drug Court staff which sometimes requires long distance phone calls for these clients because the reporting and monitoring activities are more excessive for Drug Court clients than for non-Drug Court clients; (2) more clients; and, (3) more training.

There were a few problems mentioned by only two of the programs including: reimbursement for services; staffing; treatment capacity; dealing with special problems presented by Drug Court clients; time constraints; communicating with the Judges; adjusting to Drug Court protocols; acceptance of the Drug Court concept; lack of communication between agencies; unable to improve contact between agencies due to lack of response from Drug Court representatives; and one treatment facility indicated that no information has been provided to describe the Drug Court concept.

Benefits mentioned by treatment representatives regarding the Drug Court program included:

- Program specifics—Client monitoring and follow through; Another source of ongoing case management support for clients; Drug Court staff refer appropriate clients; Drug Court staff tend to follow-up on program participation of clients referred; and Drug Court is a resource for alcohol and drug materials.
- Treatment program—Drug Court has increased our total number of clients; Additional income; Because of Drug Court, counselors have an increased awareness of forensics; Most Drug Court clients complete their program requirements; Program referrals; Strengthened relationship with the court; Strong motivator for client compliance; Increase experience working with resistant clients; Learning to deal more effectively with resistant and difficult clients; Increased networking with other professionals;

and, Rapid feedback concerning clients and treatment.

Drug Court program strengths mentioned by treatment program representatives centered on two themes—Program specifics and Substance abuse issues—including:

- Program specifics—Client’s accountability; availability of Drug Court staff; Cooperation and responsiveness of staff; Drug Court can mandate treatment participation; Requires clients to be productive; Drug Court monitors participation; Good overall concept; Professionalism of staff; Staff involvement; Source of strong motivation; Additional drug screens; Provides drug and alcohol education; and Positive reinforcement;
- Substance abuse issues—Early diversion; Helping addicts find recovery; Mandated treatment; The insistence of long term treatment for clients; Willing to see addiction as a large problem in judicial system; and Giving clients opportunity for treatment.

Changes recommended by treatment representatives included: (1) Better communication from agency to agency; (2) Consider offering alternative times for Drug Court sessions; (3) Consistency; (4) Increase consistency of sanctions; (5) Increase contact with treatment programs; (6) Lengthen jail time sanctions; (7) Implement information provided by substance abuse staff; (8) Increase consistency of clients program requirements; (9) Offer an informative inservice about the Drug Court program; (10) Schedule multi-groups; (11) Give clients accurate info about treatment programs; and, (12) Reduce client/staff ratios.

Advice to other Drug Courts included: (1) Build total service from the beginning; (2) Get each player on the same page; (3) Respect agency differences; (4) Drug Court is an effective option for those usually missed by many other programs; (5) Offers strong support to clients enrolled in other programs simultaneously; (6) Fayette Drug Court has a program that is well developed and run and is a good resource for any beginning program; (7) Give it a chance; (8) Introduce the program to area resources by offering an inservice about the program; (9) Provide Drug Court staff with as much information as possible about the program; (10) Make efforts to communicate with agencies involved to present a united front for the benefit of clients; (11) Avoid turf issues; (12) Work within boundaries; and, (13) Be willing to learn about services offered by each other.

Final comments from treatment representatives included “Clients referred by Drug Court would get better treatment if there were more communication from Drug Court staff and if more information was provided about the client and Drug Courts expectations for each individual;” and, “extremely positive experience; solid, consistent judgment in program director is essential and this program has it.”

Defense Attorney Perceptions

A representative from Legal Aid filled out a Drug Court survey in addition to five private attorneys who were randomly selected and asked to fill out the survey, with a 100% response rate. Defense attorneys are involved in the Drug Court program when they have clients that qualify for the program.

Three of the six respondents indicated they had training or information regarding the Drug Court program, and two of the six indicated the Drug Court program had impacted their policies and procedures. As noted in Table 20, defense attorneys gave the chance not to go to jail as one of the main reasons clients enter the drug court program.

Table 20. Defense Attorneys Reasons Drug Court Clients Enter the Program

REASON	MEAN *
The chance not to go to jail	5.0
The chance to have charges dropped	4.8
The chance to live a normal life	4.7
The chance to have probation shortened	4.7
The chance to get treatment for drug problems	4.2

*1=Extremely unimportant 2=Unimportant 3=Not sure 4=Important 5=Extremely important

Defense attorneys also believed that defendants are given adequate opportunity to consult with defense council regarding the program implications and that defendants have their legal rights protected.

Defense attorneys also believed that the Drug Court program has encouraged greater coordination with other justice agencies; Has promoted new relationships with the justice system and other agencies in the community; Has encouraged greater coordination with community groups; Has permitted more attorneys to be available for other cases; Has provided a more effective response to substance abusers; Has provided law enforcement with an additional tool to enforce a no tolerance policy; Has promoted more efficient use of office resources; Has increased education and awareness of attorneys about substance abuse and its impact on clients.

Defense attorneys indicated that they believed the Drug Court program has saved time in term of case preparation, court appearances, savings in police overtime, savings in jury costs and that the program has reduced the number of rearrests. Defense attorneys gave several reasons for clients to remain in the program as noted in Table 21.

Table 21. Defense Attorney Reasons Clients Remain in the Program

REASON	MEAN *
Frequency of urinalysis testing	4.7
Possibility of sanctions for not complying	4.7
To keep a job	4.7
The chance to get back or keep custody of kids	4.6
To avoid jail	4.6
Focus and content of counseling sessions	4.4
Frequency of counseling sessions	4.4

*1=Extremely unimportant 2=Unimportant 3=Not sure 4=Important 5=Extremely important

When defense attorneys were asked what other ways Drug Court had impacted their office, they indicated the Drug Court program reduced the number of trials and the attending cost; “Gives hope that, at least some of the time, when people need help the most they have a chance to get it because they could participate in the Drug Court program”; and, “Clients save money in reduced attorney services.” Defense attorneys also indicated the major difficulties they had with the Drug Court program was that it was difficult to get people in the program and that conditions the commonwealth attorney placed as threshold to evaluation and/or participation in Drug Court were difficult.

Benefits of the Drug Court program for defense attorneys included help for their clients, a realistic alternative to incarceration, fewer court appearances, and reduced caseload time. Specific comments included “The opportunity for clients to get help,” “A light in the darkness,” “Assistance to clients who desire help,” “Greater opportunities for clients to receive drug treatment,” “A realistic alternative to incarceration for clients,” and “Defendants have a chance to expunge records, kick their habit, and go on with their life.”

Strengths of the Drug Court program mentioned by the defense attorneys included:

- Highly structured supervision
- Education
- Immediate consequences
- Alternative to incarceration
- Dismissal of charges
- Drug treatment
- Increased self-esteem
- Staff are great to work with

However, defense attorneys also suggested several changes could be made to strengthen the program even more which included: increasing program capacity; expanding eligibility requirements; coordinating tougher sentences for those who decline participation; standardizing eligibility criteria; educating more attorneys; and, allowing for withdrawal of a guilty plea without the use of any incriminating statements at subsequent trial.

Advice to other Drug Court programs from the defense attorneys included:

- “It is important that all members of the criminal justice system share the same understanding and goals and are willing to cooperate in an effort to establish and operate a Drug Court”;
- “Consider the Fayette Drug Court program as a viable model”;
- “Distribute eligibility criteria early”;
- “Reduce the influence of the commonwealth attorney’s office—which tends to be ultra-conservative, which may be politically pragmatic but it limits the Drug Court opportunity when it excludes those who could benefit.”

Other comments from defense attorneys included:

- “The Drug Court in Fayette County is a much needed tool for rehabilitation.”
- “Drug Court is a win win situation. Courts win, the community wins, the justice system as a whole wins, most importantly, the individual wins.”
- “We need more people like the dedicated staff at the Fayette Drug Court serving in capacities that assist persons with drug problems.”
- “The Drug Court has educated attorneys and, the public at large.”
- Clients have reported positive experiences and generally agree with the approach and methodology.”
- We need all Judges to accommodate Drug Court evaluations. It is unfortunate that some Judges won’t participate. A client’s eligibility depends on what Judge they draw which is unfair. Also, it seems that it is difficult to get prosecutors to refer clients to the program.”

Jail Perceptions

The jail respondent indicated there were no jail staff solely dedicated to the Drug Court program and that only a few changes had to take place as a result of the Drug Court program. The jail respondent indicated that the primary coordination between the jail and the Drug Court program is in transporting of inmates to and from court. The jail also conducts drug tests on a contractual basis. The Drug Court has necessitated a change in procedure when dealing with Drug Court clients. Due to the number of participants that are incarcerated on a weekly basis, it has become necessary to adopt procedures that will meet the needs of the clients. These special needs include work release times and behavior reports by the jail staff. There has been no impact of the Drug Court program on staff orientation or training or on policies and procedures. In addition, there has been no impact of the Drug Court program on the agency's relationship with community groups.

The jail representative indicated that the Drug Court program has encouraged greater coordination with other justice agencies and that the Drug Court program provides law enforcement with an additional tool to enforce a no tolerance policy. However, the jail representative did not believe that the Drug Court had provided a more effective response to arrests of substance abusers, that the Drug Court program has resulted in more jail space, or that the program had reduced the number of substance dependant detainees. The jail representative did not believe that there were savings in police overtime.

Initially, the Drug Court program placed those detainees, when they otherwise would have been sentenced and sent to State institutions, on probation and increased court time. The effect was an increase in jail population and incarceration cost. These costs, thus, were borne by the local community rather than being reimbursed by the State. Cost savings began to be realized after the State began to reimburse the local jails for the Drug Court clients. Initially, the Drug Court was unresponsive to their requests for corrective action arising from program violations but with increased communication this problem was overcome. When asked about benefits of the Drug Court program for the jail the main benefit mentioned was that drug education is communicated to inmates.

Strengths of the Drug Court program that were mentioned included (1) Addressing drug issues; (2) Minor benefits arising from cessation of drug use; and, (3) Greater tolerance.

Changes the program could benefit from included: (1) Increasing agency involvement in programming and sanctions; (2) Greater communication and ongoing development between court and involved agencies; and, (3) Recognition of resources expenditures experienced by all involved agencies. Advice offered to new Drug Court programs was to bear in mind resource impact, staffing, housing, transport required and to consider a cost-benefit analysis to ascertain the efficacy of implementing such a program. Developing alternative resource generators to offset increased costs was also suggested.

Probation & Parole Perceptions

A representative from Probation and Parole indicated there were no probation staff solely dedicated to the Drug Court program. The probation and parole department primarily provides background information on offenders that they have information about and upon unsuccessful completion of the program they pick up the case for final disposition. There has been no impact of the Drug Court program on staff orientation or training or on policies and procedures. In addition, there has been no impact of the Drug Court program on the agency's relationship with community groups.

The Drug Court program permits officers to be available for other cases because the Drug Court supervises the probation cases; provides a more effective response to arrests of substance abusers; and provides law enforcement with an additional tool to enforce a no tolerance policy. The Drug Court program has helped to reduce the case loads of probation officers because the program helps to curb recidivism by the clients. In addition, there were the savings in time spent in court appearances from Drug Court. However, Drug Court has not encouraged greater coordination with other justice agencies; has not promoted new relationships with the justice system and other agencies in the community and has not increased education and awareness of officers about substance abuse and its impact on clients.

The main benefit of the Drug Court office was that the Drug Court program offers another treatment option. The strengths of the Drug Court program mentioned were the staff, judicial support, and the ability and willingness to change if need be. Changes the Drug Court program could benefit from were to obtain a larger space and to extend the program to juveniles for early intervention. The advice to other Drug Courts was that the Fayette Drug Court functions better due to its separation from traditional programming and the emphasis on treatment.

The main concern identified was with clients after program completion; "It would appear that an extended period of infrequent aftercare or follow up would be in line;" also mentioned was "They like the fact that clients are required to act as mentors and work with the program afterwards as well as annually reporting to the court their status as to home, employment, [drug] use, arrest, etc... Excellent program."

Police Perceptions

Two Police department surveys were completed. A part-time officer with other duties is assigned as the liaison to the Drug Court program. This liaison has approximately 9 years of experience as a law enforcement officer.

Chief Walsh and members of his staff have attended Drug Court training sessions. The Division of Police has become actively involved in Drug Court and officers attend Drug Court sessions and graduations. Plans are currently underway to implement training for all officers. The training and attendance at Drug Court sessions should help to foster a better understanding between police officers and individuals involved with Drug Court. Drug Court is a form of community policing.

Police representatives indicated that the Drug Court program has encouraged greater coordination with other justice agencies, promoted new relationships with the justice system and other agencies in the community, provided law enforcement with an additional tool to enforce a no tolerance policy, increased education and awareness of officers about substance abuse and its impact on clients, and that Drug Court has resulted in more jail space for sentenced defendants. The Drug Court program has realized saving in less time spent in court appearances; savings in police overtime, and savings in jury costs. However, the Drug Court has not reduced the number of substance dependant detainees.

Benefits of the Drug Court program that were mentioned included: (1) Reductions of court time (overtime) for officers; (2) Employment that Drug Court program encourages—if people are working, they generally commit fewer crimes; and, (3) The increased jail space which allows for more serious offenders to remain in jail where they are not committing crimes. The main strengths of the Drug Court program noted were the employment requirement of the Drug Court program, the educational opportunities for clients, and the strict adherence to rules and serious consequences for breaking those rules.

The impression of the police representatives, was that the Drug Court program appears to be understaffed with an increasing caseload. Advice to other Drug Court programs included: (1) Get involved; (2) Understand what the program is about; (3) Support the program; and, (4) Ensure that all members of the department are familiar with the process.

Prosecutor Perceptions

Four prosecutors completed the survey. Prosecutors are assigned to attend Drug Court and maintain thorough notes. Prosecutors receive an explanation of Drug Court and criteria for inclusion is communicated to new staff as part of their training. Referrals that would have been sent to circuit court are made. Prosecutors indicated that the Drug Court program has encouraged greater coordination with other justice agencies, and promoted new relationships with the justice system and other community agencies. However, they also indicated they believe that Drug Court did not permit more attorneys to be available for other cases; the Drug Court did not provide a more effective response to substance abusers; did not provide law enforcement with an additional tool to enforce a no tolerance policy; did not increase education or awareness of attorneys about substance abuse and its impact on clients; did not promote more efficient use of office resources; or that Drug Court did not reduce the number of substance dependant detainees. They also did not believe that Drug Court has saved their office money in any way.

The major benefit of the Drug Court program was that a portion of those graduated, as well as their families, have benefited from the program, thereby benefiting the community in general. The major strength of the Drug Court program, mentioned was that “For the true addict, Drug Court provides individualized care and support needed to help change their life and lives of their families.” However, prosecutors indicated that the eligibility criteria need to be changed for probationers in order to prohibit repeat offenders from Drug Court, more consistency among Judges is needed, and they believed the Drug Court sessions should be opened to the public.

Prosecutors indicated that drug related arrests have increased since the Drug Court began. In addition; Drug Court program has caused additional court appearances, increased data collection for their office, and increased staff time. Their office also donated office space to the program at an additional cost for them. Other difficulties with the Drug Court program mentioned included probationers with a violent record and repeat offenders as another chance at probation. Evaluations of potential Drug Court participants are taking longer than anticipated so they are continuing cases for longer periods.

The major advice to other Drug Courts was: (1) Prohibit persons who have not met the conditions of probation from entering program as “last chance”; (2) Open Drug Court to the public; (3) Be consistent; and, (4) Begin with strict and limited diversion program.

Final comments from prosecutors included:

- “Drug Court has delayed cases on our dockets. Defense attorneys use the opportunity by trying to get defendants in who have no desire to improve themselves or some enter to strictly avoid criminal prosecution.”
- “We believe that Drug Court is a valuable tool to assist those who are truly addicts and want help, but who have not progressed to the commission of crimes other than possession of a controlled substance or possession of drug paraphernalia.”
- “Defendants who seem to have the most positive urine screens; the most missed urine drug tests; the most missed meetings; and change/lose jobs with greater frequency, are the younger defendants. The younger the defendant, the less respectful of authority and the less able/concerned about following directions.”
- “It seems that the Drug Court program implies that as long as a defendant is able to work the criminal

justice system and have the charge dismissed or the evidence suppressed, that the defendant need not concern themselves with any repercussions from Drug Court.”

- “A question that continues to concern us is whether non-criminals have access to the same resources to receive job training, GED programs, employment assistance, and housing assistance as the Drug Court defendants.” Prosecutors “hope that those people who live a life of poverty without crime have an organization dedicated to their individualized care that the government is providing to those who have violated our laws.”
- After nearly two years of implementation, prosecutors believe that Drug Court is able to assist a very select few people with a problem of drug addiction. “However, our observations are that there are too many people in Drug Court who are more criminal than addict and simply continue their ‘con’ of this new system. Other than limiting admissibility to those defendants with non-trafficking drug charges, prosecutors do not know how to remedy this problem.”
- A growing and troubling concern of prosecutors who deal with Drug Court is that it appears that there is a new set of beliefs developing in the Fayette County criminal justice system; “criminal behavior is not the fault of the criminal, but the fault of the drugs...they can’t help their behavior...it is the drugs’ fault. Because drug crimes seem to be viewed not as the fault of the criminal, but the fault of drugs, the criminal justice system is failing to demand consequences for criminal behavior. The message sent to defendants and to the community is that crime does pay. The safety of the community and the protection of the public should prohibit the trivialization of crimes. Excusing criminal conduct does just that. The message from our courts should be that people who violate our laws will suffer consequences.”

Conclusions

In summary, the Fayette Drug Court program was established approximately two years ago. This program is based on the *Key Components* and has three program phases which take an average client approximately 18 months to complete. There are currently 101 active clients. In addition, to date, the program has had 40 graduates, no graduates have been rearrested on felony charges, there have been 7 drug free babies born to clients in the program since the program inception, over 97% of the clients are maintaining full-time employment compared to approximately 24% who had full-time employment before entering the program, Drug Court staff attended 10 public relations events in one quarter of the program's second year, and the Drug Court program coordinates with approximately 30 other agencies.

The most compelling aspects of the Drug Court program are the immediate sanctions that clients are given when the program rules are violated. This aspect serves both as a motivator as well as promoting consequences for behavior. Another compelling aspect of the Drug Court program is the judicial involvement. This aspect of the program is particularly important for several reasons. One reason is that it shows the clients that someone cares about them on a regular basis. A second reason is that the Judge separates the punishment process from the support that the Drug Court staff give the clients. A third reason is that the relationship the client develops with the Judge can become a motivating force on its own. Clients seem to care about whether the Judge is proud of them or disappointed in them. The final most compelling aspect of the Drug Court program is the support network that develops for the clients, not only from the staff but from other clients as well. Clients become almost accountable to the group in that successes are shared and celebrated together and failures are also shared with each other. Further, when clients share the successes and failures of others it becomes a learning tool for them as well.

At least half of the clients who enter the Drug Court program had been in treatment before entering the Drug Court program. Clients indicated that some of the most important differences between previous treatment and the Drug Court program in facilitating successful completion of the program were: (1) The alternative sanction they were facing if they did not complete the Drug Court program; (2) The sanctions they faced if they did not follow Drug Court rules; and, (3) The Judge's supervision.

Most respondents agreed that clients find out about the Drug Court program most often through their attorney, a Judge, and through word of mouth. The main reasons cited for why clients enter the Drug Court program was to avoid jail time, to get charges dropped or probation sentence shortened, and a small percentage also enter to get help for their substance abuse problem. Clients remain in the program for similar reasons, but others added their reasons including self-esteem, hope for their future, program's support network, and the program's employment and education opportunities.

Additional services the Drug Court program could offer that were mentioned across respondents included:

- Adding more structure to aftercare
- Family education/involvement/participation
- Childcare
- Transportation
- More emergency funds
- Working with the Army Reserves as a potential opportunity for Drug Court graduates

- Management Information System
- Spirituality
- Home visits
- A residential/inpatient treatment facility for the detox phase for Drug Court clients
- A half-way house with work release for Drug Court clients
- Provide initial housing for the first 30 days and a half-way house (especially for women with children)
- Additional emphasis on women's issues

Most respondents agreed that adding a more structured aftercare component to the current Drug Court program would be important.

For the most part, there was agreement that the most difficult aspects of the Drug Court program for clients was time management, getting everything done. Although many clients have never had a job, one was required by the Drug Court program. After entering the Drug Court program where full time employment is required in addition to the many other program requirements (e.g., AA/NA, groups, individual sessions, drug testing, court sessions, journal entries, book reports), it is usually very difficult for clients to be responsible and complete each requirement. The other main difficulty for clients was serving jail time.

A major problem identified was the acceptance of the Drug Court concept by others in the community. Education is key to overcoming this issue and the Fayette Drug Court is highly involved in public relation activities to promote the Drug Court concept. In addition, including key community members (e.g., the chief of police) in the beginning of program development and implementation made a big difference in bringing others in the community who were initially resistant to the idea of a Drug Court program.

The following are the most commonly mentioned strengths across respondents:

- Urine screens
- Treatment
- Support/sense of community
- Self-worth
- Sanctions/strict adherence to rules with serious consequences
- Required employment
- Staff dedication combined with a genuine concern for clients
- Judge's role and judicial supervision
- Program intensity and comprehensiveness

The following are the most commonly mentioned areas for improvement for the current program:

- Aftercare
- Wider referral system and network
- Computerized records
- Family sessions and involvement
- More field work by case specialists

- Better communication between agencies
- Alternative times for court sessions
- More information about Drug Court provided to community agencies
- More information provided to clients about specific community treatment programs
- More space
- Extended program capacity to include more clients as well as juveniles

The advice suggested for new Drug Court programs was:

- The Fayette Drug Court has a program that is well developed and run and is a good resource for any beginning program
- Drug Court must be given a chance
- Staff are critical to program success
- Judges must be involved
- It is critical that Judges collaborate with staff
- Think out of the traditional court box
- Stick with the criteria for admissions and don't make exceptions to the program
- Make sure key players are on board before beginning
- Do treatment in-house treatment or closely monitor treatment quality
- Be consistent in sanctions

The following comments, are excellent summaries of what respondents think about the Drug Court program.

One of the Judges said, "I have seen people totally change their lives as a result of the Drug Court program and the change in lives is what makes all the difference in terms of success."

Another Judge indicated that "Defendants are made aware that this court is going to be involved, involved and responsive and responsible within reasonable bounds, that there is a big image."

Yet another Judge stated that the unique role of the Judges in the Drug Court system helps to make this program a success. The Judge is seen as a social worker and also as an authority figure. This authority is a "motivating factor" to clients—one might "get 'told on'" to the Judge. The combination of care and authority seems to be "real important psychologically" to the clients.

Comments from clients included "Thank you; Drug Court has been the best thing that has ever happened to me, whether I agree with things or not;" "I thank Drug Court for making my life better;" "Excellent opportunity to change my life;" "Has been a blessing in my life;" "If it wasn't for Drug Court, I would be in prison for a long time and I would not get help for my problem;" "If you work the program it can really work for you." "A true second chance;" "It is motivating to see what it is doing for others;" "They push hard but that is good;" "It provides chances that were unavailable previously;" "I wish this was available a long time ago;" "Gives people a lot of chances they didn't have before...lets people know there is help."

Comments from treatment providers included “The Drug Court program is an extremely positive experience,” and “A solid, consistent judgment in the program director is essential and this program has it.”

Defense attorneys indicated “The Drug Court in Fayette County is a much needed tool for rehabilitation.” “Fayette Drug Court can serve as a model of what can be accomplished when the effort is made to bring together all members of the criminal justice system and treatment community in a joint effort.” “Drug Court is a win win situation. Courts win, community wins, the justice system as a whole wins, most importantly, the individual wins;” and, “We need more people like the dedicated staff at the Fayette Drug Court serving in capacities that assist persons with drug problems.”

Probation and parole comments included “The main concern with the Drug Court program is with the clients after completing the program. It would appear that an extended period of infrequent aftercare or follow up would be in line. Also, it is good that clients are required to act as mentors and work with the program afterwards as well as annually reporting to the court their status as to home, employment, [drug] use, arrest, etc... Excellent program.”

Not all respondents were as positive about the Drug Court program. Representatives from the prosecutors office indicated that they believed that “...Drug Court is a valuable tool to assist those who are truly addicts and want help, but who have not progressed to the commission of crimes other than possession of a controlled substance or possession of drug paraphernalia.” However, they felt that it is now perceived that the responsibility for the commission of drug crimes does not lie with the individual, but rather with the substance which this individual has abused. They “can’t help their behavior...it is the drugs’ fault.” “Because drug crimes seem to be viewed not as the fault of the criminal, but the fault of drugs, the criminal justice system is failing to demand consequences for criminal behavior. The message sent to defendants, and to the community, is that crime does pay....The safety of the community and the protection of the public should prohibit the trivialization of crimes. Excusing criminal conduct does just that. The message from our courts should be that people who violate our laws will suffer consequences.”

In conclusion, although the Fayette Drug Court program is new, it is a highly regarded program both nationally and locally. The program is recognized on both levels as a well functioning model program. The program has been implemented successfully, fits well into the local community, has served many eligible persons in the community, and has successfully met the goals of the program. The program also follows the principles from the *Key Components* closely on both a daily basis as well as in future planning. The feedback from each of the agencies and perspectives surveyed were overwhelmingly positive. In addition, the Fayette Drug Court program seems to be functioning by its motto “A chance...A change” and truly provides an opportunity to better individuals lives as well as the community in which the program is grounded.

Process Evaluation Methodology

In evaluating the effectiveness of programs like the Drug Court program, researchers have often relied on only the program outcomes of the program such as termination and graduation rates and/or re-arrests to determine effectiveness. However, programs such as Drug Court are essentially long-term

behavior modification programs that can not be fully understood by looking solely at the final program outcomes. To better understand how and why a program like Drug Court is effective, an analysis of how the program was conceptualized, implemented, and revised is needed. A process evaluation, in contrast to an examination of program outcome only, can provide a clearer and more comprehensive picture of how Drug Court impacts those involved in the Drug Court process (e.g., prosecutors, Judges, staff, and clients).

Specifically, a process evaluation provides information about program aspects that lead to desirable or undesirable outcomes. Because changes to the original program design may affect the program outcomes, a process evaluation can be an important tool in helping prosecutors, Judges, staff, defendants, and defense council to better understand and improve the Drug Court process. In addition, a process evaluation may help to reveal strategies that are most effective for achieving desirable outcomes and may expose those areas that are less effective. A process evaluation may also help explain the reasons why some defendants successfully complete the program and why other defendants terminate from the program before they graduate. Finally, a process evaluation may help facilitate replication of the Fayette Drug Court program in other areas of Kentucky.

The process evaluation for the Fayette Drug Court Program included semi-structured interviews and surveys with Drug Court clients, Drug Court administration, Drug Court staff, Judges, defense council, prosecutors, probation & parole representatives, jail personnel, police department representatives, and treatment program representatives, and active clients. The specific breakdown of interviews is as follows:

Table 22. Process evaluation methodology

INTERVIEWS:	NUMBER	RESPONSE RATES
Active Clients	22	100%
Administration	2	100%
Drug Court staff	7	100%
Judges	5	100%
Defense Council	6	100%
Prosecutors	4	100%
Probation & Parole	1	100%
Jail	1	100%
Police Department	2	100%
Treatment Program	19	100%
Total	69	100%

The Administrative interview lasted about 6 hours, Judge interviews were approximately 1 hour each, and client interviews were about 45 minutes each. Client surveys were self-administered in a group setting. All other surveys were self-administered. Information was collected during June and July, 1998. The survey included History and Background of the Drug Court program; Roles and Responsibilities; Client selection; Assessment; Participation; and Changes and Revisions. Feedback from each group is

reported in separate sections.

Appendix A

Process Evaluation Methodology